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1956.

PARLIAMENT OF TASMANIA.

# DEPARTMENT OF PUBLIC HEALTH

REPORT FOR THE YEAR ENDED 30TH JUNE, 1956.

*Presented to both Houses of Parliament by His Excellency's Command.*

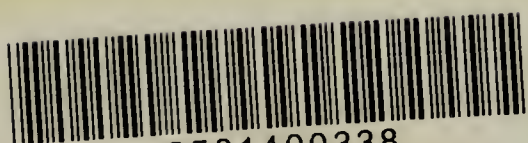
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Report of the Department of Public Health for the Year Ended  
30th June, 1956

Department of Public Health,  
Hobart, 22nd October, 1956.  
The Hon. the Minister for Health.  
SIR,

I HAVE the honour to present the Report of the Department of Public Health for the period 1st July, 1955, to 30th June, 1956.

I desire to acknowledge with appreciation the co-operation of the Directorate whose reports are submitted separately under the various sections, set out as under:—

- Section I.—Report of Division of Hospital and Medical Services.
- Section II.—Report of Division of Public Health.
- Section III.—Report of Division of Tuberculosis.
- Section IV.—Report of Division of Mental Hygiene.
- Section V.—Vital Statistics supplied by the Deputy Commonwealth Statistician.

DEPARTMENTAL EXPENDITURE.

Comparative figures of the amount of expenditure over the previous three years are appended and continue to show substantial increases, notwithstanding the efforts being made to control this item.

Summary.

	1953-54. £	1954-55. £	1955-56. £
Public Health (including Tuberculosis Branch, Tasmanian and Northern Chest Hospitals ....	1,746,217	1,817,021	2,072,929
Lachlan Park Hospital ..	323,925	349,611	380,377
St. John's Park ....	155,206	178,017	203,994
Home for Invalids ....	8,981	....	....
Totals ....	£2,234,329	£2,344,649	£2,657,300

It will be noted that the respective increases are £110,320 and £312,651, and are summarised as under:—

	1954-55. £	1955-56. £
Administration — Salaries, Traveling Allowances, Cost of Living, &c. ....	12,994	20,989
Bush Nursing Services ....	9,971	7,168
Medical Services, Schools and Country Districts ....	20,694	22,395
Subsidies to Hospitals ....	41,007	194,528
Tuberculosis Division (Decrease) ....	—13,862	—1,699
Government Institutions ....	39,516	69,270
Totals ....	£110,320	£312,651

Staff.

This year has seen one or two changes in the more senior appointments of the Department. Mr. G. Peatrie and Mr. T. A. Morton retired. Dr. J. R. Macintyre, M.B., Ch.B., F.R.F.P.S., and Mr. P. L. Green were appointed. Mr. Peatrie had been Accountant with this Department for very many years, and Mr. Morton was for a long time in charge of Records and finally was appointed as Assistant Executive Officer. Both were very valued officers of this Department, who served the Government conscientiously and faithfully for many years. Mr. Green came to the Department in Mr. Peatrie's place as Accountant, and Dr. J. R. Macintyre was appointed as Senior Medical Officer.

During part of the year under review I was absent from Tasmania, being abroad on a tour of inspection and investigation on behalf of the Government. During my absence the Director of Tuberculosis (Dr. J. H. R. Tremayne) was appointed as Acting Director-General of Medical Services. This task he carried out in a most able fashion, thus rendering much easier my task of picking up the threads on my return. I am deeply indebted to the Government for affording me the very valuable experience of seeing health services work in so many countries of Europe. It was a most illuminating tour. Similarly, the Director of Mental Hygiene (Dr. J. R. V. Foxton) was awarded a National Health and Medical Research Council Fellowship, to the value of which the Government very generously contributed. This enabled Dr. Foxton to visit countries in Europe and the United States from October, 1955, to May, 1956, which was of the greatest benefit to him and the Department, and I feel sure the ultimate advantage of the Tasmanian community.

Change of Titles.

Active measures are in course of preparation for submission of legislation, with a view to changing the title of this Department from that of "Department of Public Health" to "Department of Health Services". This move has been found necessary owing to the anomaly of the Division of Public Health existing within the Department of Public Health. Furthermore, the title of "Public Health" as applied to the whole Department does not indicate in any adequate measure the diversity and extent of services supplied by the Department. Likewise, it is considered necessary that the permanent Head of the Department should



have his title changed from "Director-General of Medical Services" to that of "Director-General of Health Services" for very much the same reasons. It is hoped that before the end of the year the necessary legislation will be approved and passed by the administration.

#### *Accommodation.*

During the year further accommodation was made available to the Department. A point had been reached at which the grossly-overcrowded state of the Department was causing serious dislocation of work, and efficiency was in jeopardy. Fortunately for the Department, this was remedied by means of making available accommodation on the first floor of the public buildings on the Davey Street frontage. This was taken over by the Division of Public Health in its entirety, thus giving very badly needed relief to the whole Department. Active negotiations are also in train with the purpose of making additional accommodation available to the Division of Mental Hygiene. This Division is, if anything, in a more acute stage of overcrowding than the Headquarters was. I am quite confident that ways and means will be found to relieve this difficult state of affairs.

#### *Health Education.*

Early in 1956 the existing Health Education Council was reformed. This reformation took the form of the appointment of a lay-chairman (Commander G. E. W. W. Bayly) and a more balanced community representation. The Departmental Public Relations Officer (Mr. E. H. G. Matthews),

who came to the Department early in 1955, was appointed secretary. The result of this reconstitution has been a very definite move for the better. More active Health Education work has been undertaken, and regular meetings of the Council have been held under the able chairmanship of Commander G. E. W. W. Bayly.

#### *Peter MacCallum Clinic.*

We were very honoured to have a visit from Sir Peter MacCallum, who accepted the Department's invitation to lay the foundation stone of the new Deep Therapy Treatment Clinic at Launceston General Hospital. The fact that the date of this function coincided with Sir Peter's birthday made it a still happier occasion. Construction of this clinic at Launceston has progressed in a most satisfactory way, and I feel sure it will not be long before the clinic is ready to carry out its very important work.

Finally, I wish once more to express my gratitude to my staff for the conscientious and loyal way in which they have carried out their duties during the year. The obvious pride with which they accomplished their duties is a very real thing in this Department, and as its permanent Head I find it very gratifying and pleasant to have the privilege of working with such colleagues.

I have, &c.,

JOHN EDIS, M.R.C.O.G (Lond.),  
M.R.C.S. (Eng.), L.R.C.P.  
(Lond.),

Director-General of Medical Services.

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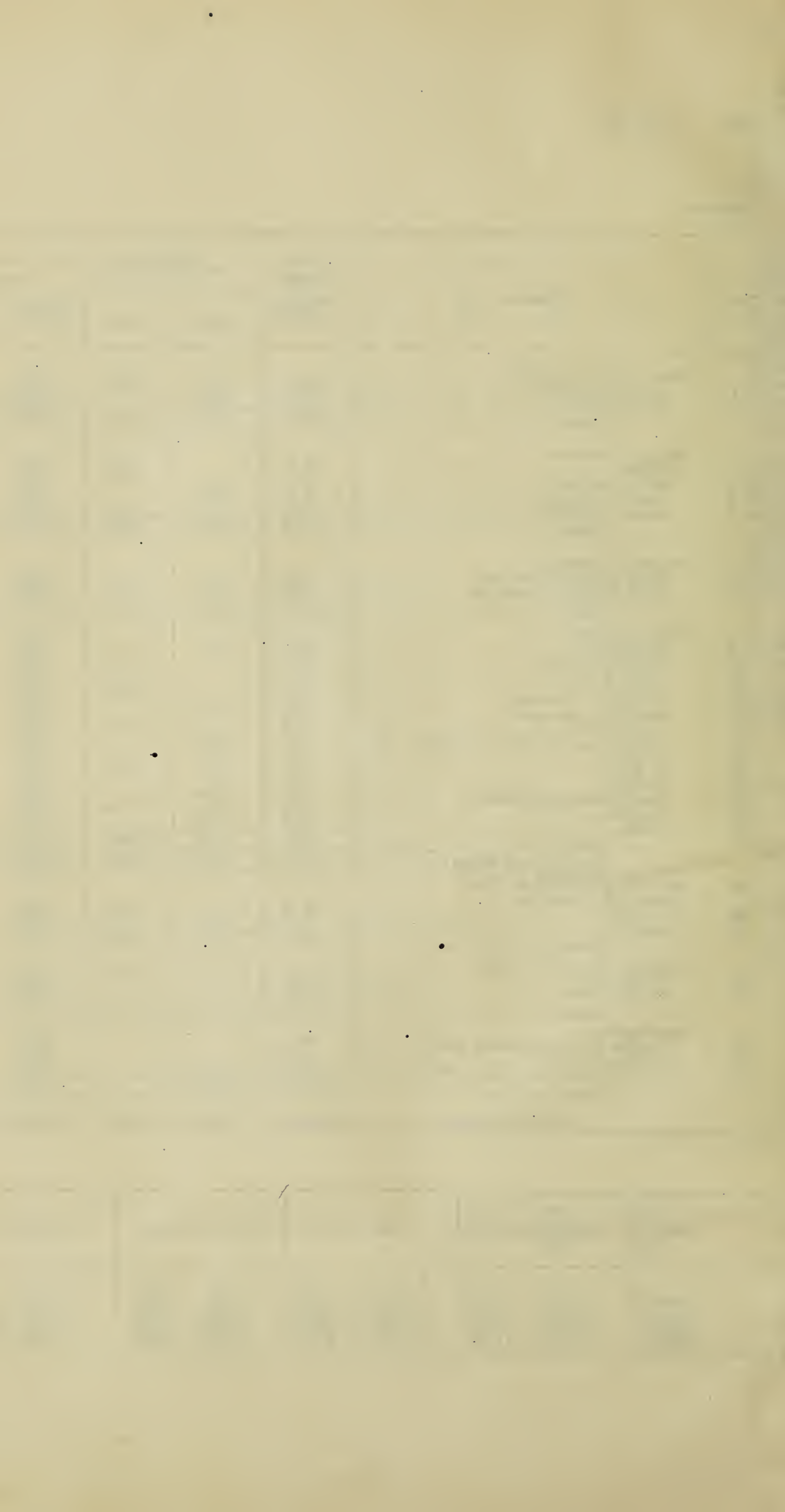
TABLE A.

1955-56.

Public Hospitals—Summary of Receipts and Payments, Costs, &c., for Year Ended 30th June, 1956.

No.	Hospital	Daily Average of Occupied Beds.	Balance at 1st July, 1955.		MAINTENANCE RECEIPTS.										MAINTENANCE PAYMENTS (NET).							Balance at 30th June, 1956.		In-Patients' Cost.		Out-Patients' Cost.		No.
			Debit.	Credit.	Commonwealth Aid.			State Aid.	Patients' Fees.	Out- Patients' Fees.	Donations, &c.	Interest from Bequests.	Misc. Receipts.	Total Receipts.	Salaries and Wages.	Provisions.	Domestic.	Dispensary and Surgical.	Admin. and Misc.	Repairs.	Total Payments.	Debit.	Credit.	Per Daily Occupied Bed.	Per Patient.	Per Atten- dance.	Per Patient.	
					Hospital Benefits.	Pharmac'l. Benefits.	Total.																					
			£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£ s. d.	£ s. d.	s. d.	£ s. d.		
1	Base General Hospitals:	234.17		19,832	38,339	11,725	50,064	348,535	67,129	4,476	....	....	1,533	471,737	311,293	48,141	46,451	57,672	17,870	9,707	491,134	....	435	4 15 5	70 10 0	10 5	2 7 10	1
2	Launceston General .....	320.63	3,174		47,256	29,258	76,514	474,052	93,947	7,256	47	....	273	652,089	403,144	70,422	68,359	72,594	21,169	8,922	644,610	....	4,305	4 14 6	53 19 2	11 7	1 18 10	2
	Royal Hobart .....																											
	TOTALS .....	554.8	3,174	19,832	85,595	40,983	126,578	822,587	161,076	11,732	47	....	1,806	1,123,826	714,437	118,563	114,810	130,266	39,039	18,629	1,135,744	....	4,740	4 15 11	60 11 6	11 4	2 2 8	
3	Regional Hospitals:	50.30		285	7,670	1,570	9,240	59,220	19,715	1,091	377	....	134	89,777	59,225	8,281	6,267	9,277	3,487	3,762	90,299	237		4 7 10	37 0 10	11 6	1 6 8	3
4	Burnie .....	56.64		6,868	9,051	1,484	10,535	98,456	16,173	606	47	51	1,429	127,297	90,291	17,496	11,274	9,253	4,456	1,255	134,025	....	140	6 3 1	72 0 11	8 6	13 4	4
5	Devon, Latrobe .....	32.16	239		4,903	344	5,247	38,616	9,482	....	34	....	....	53,379	32,121	7,213	6,174	4,941	1,976	468	52,893	....	247	4 1 4	41 7 4	11 0	2 1 9	5
6	Lyell, Queenstown .....	46.67		206	7,533	997	8,530	38,023	12,825	106	....	....	....	59,484	39,236	6,811	5,676	4,554	1,555	1,279	59,111	....	579	3 7 3	47 1 1	9 7	1 11 1	6
	Spencer, Wynyard .....																											
	TOTALS .....	185.77	239	7,359	29,157	4,395	33,552	234,315	58,195	1,803	458	51	1,563	329,937	220,873	39,801	29,391	28,025	11,474	6,764	336,328	237	966	4 17 9	52 11 6	10 3	1 5 3	
7	Maternity Hospitals:	47.25		2,160	6,956	....	6,956	16,000	34,460	....	34	....	4	57,454	34,308	9,682	6,640	1,579	1,742	1,376	55,327	....	4,287	3 3 6	36 11 0	6 11	1 3 2	7
8	Queen Alexandra, Hobart .....	49.53		255	7,215	....	7,215	29,910	32,868	....	....	154	....	70,147	44,042	10,958	10,426	661	2,329	1,640	70,056	....	346	3 17 1	34 5 9	6 10	1 8 9	8
	Queen Victoria, Launceston .....																											
	TOTALS .....	96.78		2,415	14,171	....	14,171	45,910	67,328	....	34	154	4	127,601	78,350	20,640	17,066	2,240	4,071	3,016	125,383	....	4,633	3 10 6	35 4 11	6 11	1 4 9	
9	Rural Hospitals:	20.17		31	3,366	271	3,637	12,189	5,985	....	46	....	2	21,859	14,031	2,992	2,255	1,597	589	308	21,772	....	118	2 19 0	29 9 3	....	....	9
10	Beaconsfield .....	8.85		402	1,335	....	1,335	9,960	3,010	....	....	....	....	14,305	10,087	1,672	1,009	948	473	89	14,278	....	429	4 3 11	34 8 4	7 5	0 15 4	10
11	Bowmont, Franklin .....	16.54		8	2,730	229	2,959	19,231	4,517	....	33	....	29	26,769	17,228	3,864	2,829	1,807	710	339	26,777	....	....	4 8 5	37 15 4	....	....	11
12	Campbell Town .....	7.84		29	1,148	170	1,318	12,290	2,741	....	....	....	104	16,453	10,320	2,244	1,928	843	1,136	272	16,743	261	....	5 10 6	39 13 1	8 0	0 16 2	12
13	King Island .....	6.23		452	950	53	1,003	4,757	2,941	....	....	....	....	8,701	7,076	735	844	209	200	163	9,227	74	....	4 0 11	39 8 7	....	....	13
14	Levenbank, Ulverstone .....	10.85	256		1,614	80	1,694	12,520	4,681	....	15	....	40	18,950	13,156	2,137	2,237	566	444	147	18,687	....	7	4 14 4	43 5 2	....	....	14
15	Meercoft, Devonport .....	10.98		461	1,751	598	2,349	10,192	3,863	....	....	....	....	16,404	10,942	2,558	2,012	734	425	183	16,854	....	11	3 18 5	30 10 11	3 0	0 6 0	15
16	New Norfolk .....	20.38	426		3,249	833	4,082	21,737	6,640	44	....	25	....	32,528	21,250	2,743	3,253	2,044	1,595	798	31,683	....	419	4 4 11	34 14 0	....	....	16
17	N.E. Soldiers' Memorial, Scottsdale .....	2.06		691	288	....	288	4,040	1,042	....	35	....	117	5,522	4,494	434	420	175	57	5,736	....	477	4 9 8	26 16 6	....	....	17	
18	Rosebery .....	10.88		1,122	1,853	101	1,954	10,659	3,126	44	....	....	78	15,861	10,801	1,616	2,154	1,255	497	220	16,543	....	440	4 2 1	66 8 7	7 7	0 9 5	18
19	St. Marys .....	5.68		7	814	49	863	6,281	2,666	....	....	....	....	9,810	6,423	1,140	894	350	222	130	9,159	....	658	4 8 0	38 6 2	....	....	19
20	Smithton .....	9.92	319		1,688	....	1,688	14,280	2,662	26	44	580	5	19,285	12,743	1,670	1,477	1,163	512	600	18,165	....	801	4 19 9	57 10 2	12 3	0 12 3	20
21	Toosey Memorial, Longford .....	11.35		740	1,987	138	2,125	11,962	3,198	....	1	19	60	17,365	12,802	1,654	986	1,333	685	166	17,626	....	479	4 4 10	35 13 7	....	....	21
22	Ulverstone .....	18.69	40		2,739	....	2,739	13,620	5,233	....	31	....	....	21,623	13,351	3,041	2,200	1,551	855	266	21,264	....	319	2 18 11	54 0 4	7 1	0 14 8	22
	Zeehan .....																											
	TOTALS .....	160.42	1,041	3,945	25,512	2,522	28,034	163,718	52,305	114	205	624	435	245,435	164,704	28,500	24,498	14,575	8,499	3,738	224,514	335	4,158	4 2 6	39 10 4	3 1	0 6 3	
	TOTAL PUBLIC HOSPITALS .....	997.77	4,454	33,549	154,435	47,900	202,335	1,266,530	338,904	13,649	744	829	3,808	1,826,799	1,178,364	207,504	185,765	175,106	63,083	32,147	1,841,969	572	14,497	4 11 10	52 5 5	10 10	1 17 0	
23	Bush Nursing Hospitals (15) .....	16.36		....	2,371	1,629	4,000	31,631	6,713	575	....	....	....	42,919	25,799	4,734	4,907	3,455	1,954	2,070	42,919	....	....	4 18 3	36 10 5	9 3	0 12 6	23
24	Convalescent Hospitals:	23.56		1,633	2,453	....	2,453	8,810	10,058	650	....	....	16	21,987	12,730	4,994	1,917	345	1,261	578	21,825	....	1,795	2 5 5	35 16 9	6 2	6 5 4	24
25	Lady Clark .....	14.14		351	2,256	....	2,256	5,650	4,409	....	1	35	....	12,351	9,189	1,361	665	328	470	132	12,145	....	557	2 6 11	26 3 6	....	....	25
	Peacock .....	37.70		1,984	4,709	....	4,709	14,460	14,467	650	1	35	16	34,338	21,919	6,355	2,582	673	1,731	710	33,970	....	2,352	2 5 11	31 7 10	6 2	6 5 4	
	TOTALS .....																											
26	Hospitals for Care of Aged:	104.87		6,104	7,014	....	7,014	57,450	6,823	....	....	....	115	71,402	51,125	12,846	11,072	1,066	663	718	77,490							







1956.

TABLE B.

General Statistics of Public Hospitals for Year Ended 30th June, 1956.

General Statistics of Public Hospitals for Year Ended 30th June, 1956.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
IN-PATIENTS.																								OUT-PATIENTS				No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
No.	Hospital	Av. Daily No.	Av. Daily Cost.	BEDS AVAILABLE					NUMBER TREATED.					BED DAYS					DAILY AVERAGE OF OCCUPIED BEDS.					AVERAGE LENGTH OF STAY—DAYS.					Births (Total Deliveries)	Number Persons Registered.	Total Attendances	Av. No. of Visits per Person Treated.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
				Non-Public		Public			Total In-Patients	Non-Public		Public			Total Bed Days	Non-Public		Public			Total Daily Average	Non-Public		Public			Av. (Weighted) Stay.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
				General	Maternity	General	Cots.	Maternity		Infectious	General	Maternity	General	Maternity		Infectious	General	Maternity	General	Maternity		Infectious	General	Maternity	General	Maternity							Infectious	General	Maternity	General	Maternity	Infectious																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
1	Base General Hospitals:	234-17	s. d. 95 5			266	49		18	333			5,670		38	5,798			85,109		600	85,709			232-53		1-64	234-17																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						





## SECTION I

### Report of Division of Hospital and Medical Services for the Year ended, 30th June 1956

#### PUBLIC HOSPITALS (EXCLUDING CHEST AND MENTAL HOSPITALS).

*Number of Patients.*—During the financial year 1955-56 the number of patients treated (including those hospitalised at St. John's Park and Cosgrove Park) was 34,987. This represents an increase of 133 patients as compared with 1954-55.

*Bed-days.*—The total number of bed-days for the year under review (including those in respect of persons hospitalised at St. John's Park and Cosgrove Park) was 489,620. This represents a decline of 2,711 bed-days from those for the previous year, accounted for by the shorter average length of stay.

While there was an overall decline in bed-days, several categories showed a small increase. They were maternity bed-days (1,755) and bed-days in respect of persons hospitalised in St. John's Park and Cosgrove Park (6,400).

*Births.*—Births for the year totalled 7,526, an increase of 279 over those for 1954-55.

*Receipts.*—Hospital revenue for the year was £2,238,951 and included patients' fees, donations and miscellaneous receipts totalling £439,318.

Commonwealth contributions in the form of hospital benefits and pharmaceutical benefits amounted to £252,221, while State aid was £1,547,412, an increase of £191,450 over 1954-55.

*Payments.*—Total payments were £2,256,908, which represented an increase of £252,605 over expenditure for 1954-55. £1,436,185 or 63.64 per cent of the total expenditure was attributable to salaries.

Credit balances held by hospitals for maintenance purposes, and aggregating £37,183 as at 1st July, 1955, were reduced to £19,226 as at 30th June, 1956, a reduction of £17,957.

*Patients' Costs.*—The average daily cost for in-patients for the 22 main hospitals, as listed in Table A, was £4 11s. 10d., an increase of 12s. 7d. over 1954-55.

Out-patients costs per visit increased from 9s. 9d. in 1954-55 to 10s. 10d. in 1955-56.

*Comparisons.*—Comparisons and details of receipts and expenditure together with relevant percentages under the principal classifications are set out in Table A.

Patients' statistics follow in Tables B and C.

*Buildings.*—Works completed during the year were as follows:—

Royal Hobart Hospital.—Alterations to provide temporary out-patients' department.

Royal Hobart Hospital.—Erection of nurses' recreation hall.

Royal Hobart Hospital.—Erection of superintendent's residence.

Launceston General Hospital.—Laundry extensions and reconditioning.

Devon Public Hospital.—Extensions to nurses' home.

Darwin Health Centre, Burnie.—Alterations, including nurses' training centre, Red Cross blood transfusion centre, pathology department, child health centre, women's auxiliary rooms and dental clinic.

Spencer Public Hospital.—New maternity wing.

Queen Victoria Hospital, Launceston.—Provision of additional wards.

Millbrook Psychopathic Home.—Erection of nurses' home.

Cosgrove Park.—Erection of one pair of twilight cottages.

Erection of a Government medical officer's residence at Avoca.

Erection of Bush Nursing Hospitals at Dover, Sheffield and Westbury.

Erection of a child health centre in Cameron Street, Launceston.

Works remaining in progress were as follows:—

Erection of nurses' home and medical officer's quarters at New Town Park.

Launceston General Hospital.—Erection of Peter MacCallum Clinic.

Erection of new Devon Public Hospital at Latrobe.

Erection of Devonport medical centre.

Re-building of Lachlan Park Hospital.

Cosgrove Park.—Erection of one pair of twilight cottages.

In addition, there were many works in progress which have not been mentioned in detail.

*General.*—Hospital boards and auxiliaries have continued to work hard in the interests of hospital service. Special appreciation of the valuable assistance rendered by the auxiliaries is recorded. Many individual expressions of thanks to them and to the boards have been made, but this Department's sincere appreciation is extended to all.

Reference to the Hospital Auxiliaries' Conference is made in the first part of this report.

#### MIGRANT MEDICAL PRACTITIONERS.

There have been seven doctors licensed to practise so far, and all have held appointments in the Government Medical Service.

Four doctors are undergoing their year's further training at the Launceston General Hospital, and their examinations will be conducted by the panel of examiners from the Melbourne University at the end of September, 1956.

The provisions of the Medical Act now permit only additional new licences being granted as follows:—

Four in 1956 and two in each of the years 1957, 1958 and 1959.

The right of these practitioners to practise, conferred by special licence, was reduced from five to three years by amendment to the Medical Act passed in December, 1955. At the expiration of the period of three years the practitioner becomes entitled to full registration under the provisions of section 14 of the Medical Act, 1955.

One practitioner has applied for and obtained full registration, and he has resigned from the Government Medical Service.

#### BUSH NURSING SERVICE.

The Bush Nursing Service has expanded still further during the year just ended and comprises 29 hospitals and centres. Of these, 16 are hospitals and 13 are centres which do not admit patients, but carry out home visiting and treat out-patients.

The total number of hospitals and centres given includes three new hospitals at Dover, Sheffield and Westbury, which were opened by the Acting Hon. the Minister for Health in March this year. These increased the total hospital beds by 13. In addition, hospital beds at Ouse were increased by four, giving an overall addition since last year of 17 hospital beds. The total of hospital beds now provided is 70.



TABLE C.

General Statistics of Hospitals for Care of Aged and Invalid for year ended 30th June, 1956.

No.	Hospital	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year			Bed-days			Average Length of Stay		
		General	Hospital	Total	General	Hospital	Total	General	Hospital	Total	Not qualified for Hospital Benefits	Qualified for Hospital Benefits	Total	General	Hospital	Total
1.	St. John's Park	226.96	190.29	417.25	264	201	465	246	404	650	83,070	69,643	152,713	337.68	172.38	234.9
2.	Cosgrove Park	56.97	47.9	104.87	36	80	116	110	70	180	20,850	17,534	38,384	189.54	250.48	213.24
	Total ....	283.93	238.19	522.12	300	281	581	356	474	830	103,920	87,177	191,097	291.91	183.93	230.23

TABLE D.  
Private Hospitals.

		Beds	
		General	Maternity
Licences issued—			
Hobart ....	2	21	4
Launceston ..	1	....	4
Country ..	4	9	13
Hospitals exempt from licence (sec- tion 54 (3))—			
Hobart ....	2	175	32
Launceston ..	2	82	....
	<hr/> 11	<hr/> 287	<hr/> 53

New and up-to-date staff quarters were erected at Ouse and the building opened on 5th November, 1955, by the Hon. the Minister for Health.

Nursing sisters employed at June, 1956, numbered 47, which number includes some who gave part-time services.

Full-time and part-time nurse aids, domestics and handymen numbered in all 65.

Particularly in the more remote centres have we continued to rely on married staff, to help overcome nursing shortage. Domestic staff has been more easily procurable.

Staff shortage was the cause of temporary closure of the isolated centres at Tullah, Southport and Cape Barren Island for 2½ to 4 months of the year. With the exception of these three small centres, all other hospitals and centres remained open the whole year, giving continuous service to patients.

Bush Nursing is a most important service, for it embraces almost every nursing activity and provides a full nursing service to people in remote and country areas, often where there is no medical aid. In-patients and out-patients are cared for; home visiting, pre-natal, and child health work is carried out; mothercraft lectures are given to school children, and school work is undertaken wherever required. Assistance is also given to medical officers with immunisations and other health activities where required.

The staff is appreciative of the provision of further modern equipment. It includes electric pressure-sterilisers, washing machines, drying cupboards, convection heaters and miscellaneous modern household equipment. The aim has been to provide country centres with all the amenities of city institutions. Re-decoration of buildings and necessary maintenance has been a constant activity during the year.

To maintain a full nursing establishment for this service continues to be a problem, but is not such an acute one as it would be but for the constant help given by the Tourist Service. This has proved to be a most valuable source of staff which we very much appreciate.

We owe, and wish to extend to the many voluntary helpers mentioned below, our very grateful thanks for their continued support, donations of equipment, provisions, and the work they have done to help the Department in providing an up-to-date country nursing service for the community.

Our thanks go to—

The Red Cross Trust Fund, Northern Division of the Bush Nursing Association, Northern Local Bush Nursing Committees, Medical Unions, Local Auxiliaries, Country Women's Association Branches, Apex Club, young people's organisations and all individuals who have assisted.

Table E shows the work done during the year, with comparative figures of previous years.



TABLE E.

Summary of Work Performed in the Bush Nursing Service during the Year ended 30th June, 1956.

Name of Hospital or Centre	No. of Hospital Beds	Visits to Surgery	Visits to Patients	Hospital Bed-days	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned		
Southern—												
Alonnah, Bruny Island .. .. .	2	843	39	62	4	51	347	12	737	£	s.	d.
Cygnet .. .. .	5	3,191	30	668	24	196	71	....	47	64	12	0
Koonya, Tas. Peninsula .. .	5	682	9	461	26	15	259	....	5,203	878	12	2
Maydena .. .. .	Nil	2,332	105	....	....	69	34	....	230	617	8	7
Oatlands .. .. .	5	2,342	2	404	27	129	461	....	....	32	0	0
Ouse .. .. .	12	7,144	10	1,939	119	407	213	4	3,680	530	18	0
Sorell .. .. .	4	2,318	10	296	32	224	107	6	72	2,349	19	7
Southport .. .. .	2	857	91	40	1	32	139	....	313	283	11	0
Strahan .. .. .	Nil	1,490	637	....	....	138	322	2	4,667	55	17	8*
Swansea .. .. .	4	3,318	10	216	23	105	323	....	1	49	15	3
Triabunna .. .. .	3	2,518	106	206	18	179	503	4	184	311	8	0
Dover .. .. .	5	29	1	97	2	14	2	....	....	317	3	5
Totals (12) ..	47	27,064	1,050	4,389	276	1,559	2,781	28	15,134	5,517	1	2
Northern—												
Avoca .. .. .	Nil	1,390	120	....	....	94	384	3	926	51	17	5
Cape Barren Is. ..	1	355	25	....	....	12	10	....	25	....	....	†
George Town .. .	5	627	....	280	29	278	249	3	....	377	11	3
Gladstone .. .. .	Nil	1,133	761	....	....	137	614	3	5,153	73	12	10
Grassy, King Island .. .. .	Nil	5,733	374	....	....	246	943	....	5,190	125	4	5
Lilydale .. .. .	Nil	634	1,240	....	....	35	538	3	4,786	222	18	2
Mole Creek .. .. .	Nil	1,280	302	....	....	43	291	17	1,737	62	12	6
Redpa .. .. .	Nil	1,707	774	....	....	18	320	33	3,283	77	13	0
Ringarooma .. .. .	Nil	2,136	141	....	....	25	461	....	1,061	592	12	0
Rossarden .. .. .	Nil	5,456	1,900	....	....	579	1,254	....	6,912	64	11	5
St. Helens .. .. .	4	103	1	513	35	222	463	....	3	730	15	0
Storeys Creek ..	Nil	1,810	874	....	....	4	85	3	1,783	....	....	§
Tullah .. .. .	Nil	934	170	....	....	4	29	7	187	....	....	§
Waratah .. .. .	Nil	779	750	....	....	280	380	4	3,328	....	....	§
Whitemark, Flinders Is. ..	5	770	2	648	26	23	478	....	286	594	3	6
Sheffield .. .. .	5	10	....	101	5	....	....	....	....	77	3	2†
Westbury .. .. .	3	31	81	9	....	....	2	....	10	5	3	6†
Totals (17) ....	23	24,888	7,515	1,551	95	2,006	6,501	76	34,670	3,055	18	2
Grand Tls. (29)	70	51,952	8,565	5,940	371	3,565	9,282	104	49,804	8,572	19	4

\* Closed 2½ months of the year.  
† March to June only.  
‡ Closed 3½ months of the year.  
§ Closed 4 months of the year.

Comparative Figures for Five Years, 1951-52 to 1955-56.

Year	Total No. of Hospitals and Centres	No. of Beds	Visits to Surgery	Visits to Patients	Hospital Bed-days	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned			
												£	s.	d.
1951-52	25	57	38,606	7104	4817	323	2103	5827	126	37,268	1,243	10	7	
1952-53	25	54	45,825	9191	4920	330	2812	7799	114	51,484	3,636	14	8	
1953-54	27	57	45,081	9755	4369	290	2596	8888	92	58,374	5,650	8	3	
1954-55	26	53	49,075	10,056	4828	311	3453	9519	132	56,285	5,946	2	8	
1955-56	29	70	51,952	8565	5940	371	3565	9282	104	49,804	8,572	19	4	



TOURIST NURSING SERVICE.

The Tourist Nursing Service has functioned very successfully throughout the year in providing temporary assistance to hospitals and the Bush Nursing Service.

Appointees to the Tourist staff have been rostered mainly to relieve at country hospitals for annual leave, or to help with other temporary shortages. Smaller hospitals, on occasions, would have had to close had it not been for the help available to them from this source. Hospitals have been appreciative of the assistance rendered them, and it is now fully agreed that the Tourist Nursing Service has become an essential section of the Department. It was instituted primarily in order to supplement country hospitals and Bush Nursing staff. At the same time it enables mainland and overseas trained nurses to see as much of our tourist State as possible. Appointments at any one hospital are limited to two months, unless requests in advance are made for any relieving period to be extended, when an endeavour is made by the Department to meet the request, if practicable.

There have been 31 appointments to the staff and 21 resignations. The number remaining at the end of June was 12.

The period of service given to the Department varied between three and fifteen months, the commonest being about six months.

Appreciation and thanks are extended to two English nursing sisters for their assistance, given voluntarily in our advertising campaign, the purpose of which was to recruit more staff. They came together on a working holiday to see Australia, and have now returned home.

One very skilfully sketched a poster, in colour, for recruiting use, and wrote an article on Tasmanian nursing opportunities for an English magazine. The other wrote a very fine nursing article on the same subject, which has been sent to an English nursing journal for publication. To aid the Department she also gave several radio broadcast talks on her professional and social experiences here.

TABLE F.

Summary of the Work Performed by Government Medical Officers and Cost of the Government Medical Service during the Year ended 30th June, 1956.

Municipality	Date of Commence-ment of service in District	Number of attendances upon patients, showing location of atten-dance (excluding Workers' Com-pensation and Midwifery cases, which are shown separately)			Number of Workers' Compen-sation Cases	Number of Midwifery Cases	Total of all atten-dances	Mileage Covered	Cost for the Year to Nearest £
		Residence	Surgery	Total					
Bruny Island .. ..	1.3.38	869	214	1,083	—	—	1,083	7,300	1,634
Esperance .. ..	11.3.38	1,128	1,648	2,776	2	16	2,794	9,894	3,263
Evandale .. ..	1.7.47	1,980	4,058	6,038	152	—	6,190	9,316	3,435
Flinders Island ..	1.5.38	954	2,466	3,420	106	20	3,546	8,357	4,244
Glamorgan and Spring Bay .. ..	18.5.38	635	2,242	2,877	77	14	2,968	9,985	3,681
George Town .. ..	5.1.40	1,256	4,355	5,611	627	37	6,275	7,771	3,487
Hamilton .. ..	1.5.38	1,482	6,032	7,514	185	140	7,839	13,483	4,335
Kingborough .. ..	1.3.38	1,327	5,684	7,011	34	—	7,045	10,444	4,075
King Island .. ..	1.9.38	358	8,279	8,637	398	2	9,037	11,624	4,661
New Norfolk .. ..	9.8.46	1,816	10,762	12,578	229	—	12,807	14,088	5,329
Penguin .. ..	13.7.38	906	9,977	10,883	9	1	10,893	6,494	3,512
Port Cygnet .. ..	1.7.40	1,310	3,582	4,892	153	21	5,066	7,501	3,243
Portland .. ..	14.6.39	3,167	4,644	7,811	76	30	7,917	7,955	3,324
Richmond .. ..	6.8.52	2,252	2,324	4,576	9	—	4,585	9,940	3,578
Ringarooma .. ..	1.1.40	752	2,775	3,527	230	—	3,757	9,588	2,939
Scottsdale .. ..	5.8.39	1,873	10,379	12,252	552	—	12,804	10,904	5,763
Sorell .. ..	1.12.38	1,960	5,401	7,361	3	11	7,375	10,216	3,350
Tasman .. ..	21.4.38	1,339	2,241	3,580	63	25	3,668	14,513	3,040
TOTAL .. ..		25,364	87,063	112,427	2,905	317	115,649	179,373	66,893

JOHN EDIS,  
Director-General of Medical Services.



## APPENDIX I.

## REPORT OF THE DIRECTOR OF ORTHOPAEDIC SERVICES FOR THE YEAR ENDED 30th JUNE, 1956.

*Accidents.*

Last year in my report I drew attention to the seriousness of the problem which the road accidents present to the community at the present time. As I have pointed out the motor cyclist is injured in a much higher proportion than any other users of the road.

Under these circumstances I strongly urge that every precaution be taken to ensure safety for the riders. Suitable crash helmets of steel have been made obligatory by law in New Zealand and a recent report in the British Medical Journal draws attention to how the death-rate dropped in the British Army when crash helmets were used during the last war.

Apart from the immediate mortality, these people generally suffer very severe and mutilating fractures of the limbs and in many cases are crippled as a result of the injuries they sustain.

I quote from my report of last year:—"Most of these injured are young men. The injuries received are often severe multiple fractures, causing months of hospitalisation, with often resulting permanent disablement, requiring complete change of occupation and replacement again in the community."

I would strongly urge that some action be taken to—

- (1) Ensure the wearing of proper crash helmets.
- (2) Consider limiting the speed of these motor cycles by governors.
- (3) Prevent pillion riding.

It is quite realised that it is a very cheap method of transport, but as long as we have the high-speed motor cycle we will have severe injuries which will occur to the young man.

*Accidents: Industrial.*

In my last report I drew attention to the incidence of industrial accidents in the community. These fall into two main categories—

- (1) Injuries from the use of heavy machinery and earth-moving equipment.
- (2) Hand injuries from the use of mechanical saws, &c.

The New Australian is involved much more frequently, proportionately, than others.

I would urge that an industrial safety campaign in the workshops be intensified, and suitable contacts made with the appropriate authorities.

*Occupational Hazards.*

I drew attention last year to the disc injuries which occur in the industrial community, following on faulty lifting. These occur principally in workers whose work involves a good deal of heavy lifting. In the great majority of cases very few of these individuals know the proper method of lifting so that strain will not be placed on the lower portion of the back.

This problem was discussed with the Director-General of Health and I think steps should be taken to draw up a simple pamphlet to be issued to employees and employers of industries which have this occupational hazard.

*Rehabilitation.*

Just recently we have had a visit from Dr. G. G. Burniston, principal medical officer of the Commonwealth Rehabilitation Service. He inspected the Claremont Rehabilitation Centre and the work being carried out there and was very pleased with what was being done.

The work of this centre continues to be of a very high order and it is being used with increasing frequency by patients from all over the island who have received crippling injuries.

Very close liaison is kept with the Rehabilitation Branch of the Social Services, with the result that these patients are able to be placed into some type of suitable employment, which has been rendered necessary by the nature of their injuries, immediately after treatment ceases. This is of great psychological value to the patient.

*Treatment of Cerebral Spastic Palsy.*

Dr. Young has continued her excellent work during the year. There has been a complete survey of these patients over the island and all those suitable are being treated at Wingfield, or St. Giles of Launceston.

Dr. Young has been able to cut out those mentally-retarded children who are not sufficiently advanced to benefit from treatment. This has been of great benefit to the other children.

During Dr. Foxton's absence, Dr. Young gave assistance to the Department of Mental Hygiene in their treatment of retarded children.

*Accommodation.*

In the north the accommodation at St. Giles is excellent, and I understand an additional treatment room is to be built there.

*Wingfield.*

The Spastic Children's Association has just finished building additional equipment at Wingfield. This has taken the form of a wing extending from the existing building, and has given—

- (1) An office for Dr. Young.
- (2) An office for the occupational-therapist.
- (3) An office for the speech-therapist, and also a school room.

The accommodation is excellent and all those who have to work in this building are highly pleased with their quarters. I feel that the present accommodation will serve the southern part of the State for some years to come, during which time the pattern of crippling disabilities amongst children will become plain and thought can be given to the future accommodation for the crippled children in the southern community.

Should the vaccination against poliomyelitis be successful, the number of beds needed for long-stay cases will decrease very much. This could be likened to what has happened at the infectious diseases hospitals at Vaucluse and at Launceston, with the disappearance of diphtheria and scarlet fever from the community.

I understand the Crippled Children's Society has a good site with adequate acreage at Rosny for building a new Wingfield. However, rebuilding could well be deferred for some years until we see the trends of crippling illnesses to the children in the community.

*Infantile Paralysis.*

During the last three months we have had a small outbreak of infantile paralysis. At the present time in Wingfield there are sixteen children under treatment. Features about these children have been:—

- (1) Quite a number of these children came from a comparatively remote area—the Bronte Park area.
- (2) The young age-group affected. The great majority came from the age-group of one to three or four years. This I think would point to the fact that these children have probably not been subjected to any infection previously, and thus have no natural immunity. The cases on the whole are very mild, with no great degree of residual paralysis.

*Surgical Tuberculosis.*

I am very glad to report that the number of cases of bone and joint tuberculosis under treatment continues slowly to diminish. At the present time there is no case of any child under treatment for surgical tuberculosis and the number of adults has fallen considerably. This I think reflects the success of the general campaign against pulmonary tuberculosis in the community.

*Splints.*

*Launceston.*—The Crippled Children's Society of Launceston has engaged a splint-maker, one of their crippled children. This has solved its problem and I understand the waiting time for splints has been cut to a minimum and in addition to that I understand that the splints are of excellent quality.

*Hobart.*—A head splint-maker, a New Australian, has been appointed and he is settling into the work very well and is keen and intelligent, and, I think, given time he will solve most of the difficulties in the south.

*Artificial Limbs.*

This subject I have brought up each year. I know very determined efforts have been made by the Minister for Health and the Director-General of Medical Services to come to some understanding with the Repatriation Department. However, I think we should go on pressing for the facilities of the Repatriation Department to be made available to the community generally.



The supply of limbs from Great Britain to patients, to my mind, is not satisfactory and I consider that while this exists it is preventing private enterprise from starting a proper limb-making factory in Australia. In any case Tasmania itself will always be a little different from the mainland States and I consider, being a smaller community, we should continue to press for the principle that the Repatriation Department should provide limbs for the community as a whole.

*Training of Apprentices in Splint-making and Limb-making.*

I feel the time has come to try and put this on a firm basis, so that young men of good type with intelligence could be attracted to this calling and receive sound training, perhaps at the Repatriation limb factories and then from there they could be drafted to other centres in the State—Launceston, Burnie and Hobart.

In the past these people have generally been selected haphazardly. Often crippled people, they have received no organised training. If possible a course of apprenticeship and training for these people could be initiated and they could be recognised by some award when they have finished training. There is only a small number required, but I think the need may increase. In any case, if we have a loss of any member of our staff it is well-nigh impossible to replace that member.

The Repatriation limb factory and splint shop also has no proper training system.

*Care of the Aged.*

The same remarks apply here as were made last year.

*Travelling.*

Launceston and the North-West Coast have been visited at intervals of three months and Queenstown has been visited at intervals of four to five months. The visits were probably made a little less frequently, but I have been without a trained assistant and this has rendered it difficult for me to get away.

*Report of Staff Work in the Hospitals.*

*Launceston.*—Excellent work has been carried out by Mr. Hogg. The majority of the work of the north and north-west is being carried out in Launceston where better technical equipment exists, but where possible work is also carried out at the Burnie and Devon hospitals, and patients are often transferred back to these hospitals to convalesce.

*Devon and Burnie Hospitals.*—The immediate traumatic work which is being carried out at both these hospitals is excellent. Both Dr. Ferris and Dr. O'Brien, the surgeon superintendents of these hospitals, are keenly interested in this type of work and I am very satisfied with what they are doing.

During the last year I suggested that it was desirable that all accident work should be dealt with at the Burnie hospital. I drew attention to this in my last report. I consider that it is better to segregate these accidents in one hospital. The immediate resuscitation of the severely shocked requires a staff trained in this work with adequate supplies of blood, &c., and a resident medical staff on continuous duty. After immediate operative treatment they could be transferred back to the Spencer hospital to convalesce. Continuity of control I consider essential. The other principle is segregation of cases whence the best facilities are available.

*Hobart.*—During the past year I have carried on without an assistant, since Mr. A. Miller resigned. However, the post of the part-time position was advertised but failed to attract an applicant and it was then advertised in Great Britain. I am glad to report that an assistant, who has finished his orthopaedic training and who has worked under one of my old colleagues at Liverpool, has accepted the position. He holds the degrees of Master of Orthopaedic Surgery of Liverpool, and is a Fellow of the Royal College of Surgeons, England.

I am glad to report that he is an Australian graduate of Queensland University. His appointment will ease the burden of routine work from me very much. I will be able to devote time to the difficult work, to teach and also to travel to distant hospitals more than was possible in the last year.

The figures of the traumatic clinics in Hobart continue to grow and the numbers are as follows:—

July 1955	669	July 1954	483
August	766	August	524
September	591	September	540
October	610	October	468
November	653	November	551
December	549	December	503
January 1956	513	January 1955	226
February	558	February	498
March	646	March	497
April	694	April	617
May	852	May	705
June	869	June	715
Total	7,970	Total	6,327

There has thus been an increase in attendances of 1,643.

During the past year I have been assisted by two residents, one a senior and the other a junior. These positions give a wide experience in all branches of orthopaedic surgery and are excellent training posts for young graduates.

In conclusion I should like to place on record my appreciation for the courtesy, willing co-operation and help afforded me, by both medical and nursing staff at these hospitals.

D. W. L. PARKER,  
Director of Orthopaedic Services.

*APPENDIX II.*

*REPORT OF THE DIRECTOR OF PATHOLOGY FOR THE YEAR ENDED 30th JUNE, 1956.*

During the last twelve months the demand for pathology tests in Tasmania has remained steady and the scope of the tests performed has been enlarged slightly. In all centres the staff provided is reasonably adequate for routine testing, but does not permit time for original research, although from time to time facts collected during routine tests are examined and analysed.

*Burnie.*

The laboratory has now been opened and is in charge of Dr. Quinlan. It is too early to judge whether much demand will be made for the tests that will be available, but there can be little doubt that this laboratory is a valuable acquisition for the north-west coast area.

*Launceston.*

Unfortunately the pathologist, Dr. Shoobridge, resigned from this position earlier this year and accepted a similar position at Box Hill in Victoria, which was much better for him financially. I do not think we would have lost the services of Dr. Shoobridge had the salary at Launceston been similar to that at Box Hill. A new pathologist has been appointed. In the meantime the duties are being ably carried out by the resident pathologist, Dr. Hamilton.

*Hobart.*

The Department has been without the services of a hospital pathologist since January, 1956. This has been a strain on other members of the staff, and it has been necessary to reduce some of the tests. It is also difficult to carry on Coroner's work without having some other pathologist available to act during leave periods and emergencies. It is hoped that a full-time clinical pathologist will be appointed as soon as possible.

The next Australian Medical Congress is to be held in Hobart in April, 1958. The Pathology Departments throughout the State will be assisted by the Commonwealth Health Laboratories in attending to the many problems which will arise in connection with the scientific exhibitions, &c., that have been planned. The last Hobart Congress, held some 20 years ago, was a great success, and it is our aim to assist in making this next Congress one of the best ever.

The newly-formed Australian College of Pathologists is holding its first meeting in Melbourne in August, 1956, and several Tasmanian pathologists are to be admitted as foundation members.

CAMPBELL DUNCAN,  
Director of Pathology.



APPENDIX III.

NURSES' REGISTRATION BOARD—REPORT FOR THE YEAR ENDED 30th JUNE, 1956.

Personnel.

Dr. J. Edis, Chairman.  
Dr. J. Tremayne, Acting Chairman during Dr. Edis' absence overseas for the first half of the year.  
Dr. J. M. Drew, Superintendent, Royal Hobart Hospital.  
Dr. C. C. Petrovsky, Superintendent, Launceston General Hospital.  
Dr. C. Craig, on leave of absence, January to June, while overseas.  
Miss J. O. Brown, Lady Superintendent of Nursing, Royal Hobart Hospital.  
Miss C. I. Skirving, Lady Superintendent of Nursing, Launceston General Hospital.  
Miss B. L. Campbell, Matron, Devon Public Hospital.  
Miss N. Winwood, Matron, St. Luke's Hospital.  
Miss L. M. Zwar, Matron, Queen Alexandra Hospital.

Meetings.

Six ordinary meetings have been held

Legislation.

During this year the educational standard required for trainees was raised to the eighth grade, or the equivalent of two years in a secondary school.

Training Schools.

The number of training schools is as follows:—

General	10
Midwifery	5
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary nurses	4

Trainees.

1. Applications for training approved: 335.

General	206
Midwifery	86
Psychiatric	7
Child Health	12
Tuberculosis	4
Auxiliary nurses	20
2. Commenced training: 381.

General	228
Midwifery	88
Psychiatric	21
Child Health	13
Tuberculosis	4
Auxiliary nurses	27
3. Completed training: 176.

General	86
Midwifery	69
Psychiatric	1
Child Health	12
Tuberculosis	3
Auxiliary nurses	5
4. Resigned before completion of training: 153.

General	122
Midwifery	14
Psychiatric	4
Child Health	1
Tuberculosis	...
Auxiliary nurses	12
5. Total number in training on 30.6.56: 660.

General	485
Midwifery	80
Psychiatric	54
Child Health	10
Tuberculosis	3
Auxiliary nurses	28

Examinations.

1. No educational examinations for intending trainees have been held this year.
2. Examinations for registration:

Number held	3
Number of candidates	186
Number passed	173
Number failed	13

Details of results:

Subject	Candidates	Passed	Failed
General	98	87	11
Midwifery	66	65	1
Psychiatric	1	...	1
Child Health	13	13	...
Tuberculosis	3	3	...
Auxiliary nurses	5	5	...

Registration of Nurses.

1. Applications approved: 538.

General	312
Midwifery	171
Psychiatric	1
Child Health	37
Tuberculosis	4
Auxiliary nurses	13
2. Registration renewed: 1,617.  
Number of persons who renewed registrations: 1,079.

General	981
Midwifery	441
Psychiatric	59
Child Health	125
Tuberculosis	10
Auxiliary nurses	1
3. Total number of registrations current 30.6.55: 2,405.

General	1,419
Midwifery	706
Psychiatric	65
Child Health	182
Tuberculosis	19
Auxiliary nurses	14
4. Number of persons on current register: 1,625. As follows:—

	Persons	Registrations
General only	810	810
Midwifery only	119	119
Psychiatric only	53	53
Tuberculosis only	7	7
General and Midwifery	421	842
General, Midwifery and Child Health	152	456
General and Psychiatric	6	12
General and Child Health	13	26
General and Tuberculosis	8	16
General, Midwifery and Psychiatric	2	6
Midwifery and Child Health	5	10
General, Midwifery and Tuberculosis	2	6
Child Health	8	8
General, Midwifery, Psychiatric and Child Health	3	12
General, Midwifery, Psychiatric and Tuberculosis	1	4
General, Midwifery, Child Health and Tuberculosis	1	4
Auxiliary nurses	14	14
Totals	1,625	2,405

Note.—Some nurses registered as Midwifery only, Child Health only, or Midwifery and Child Health have been registered as General nurses, but General registration having been effected earlier has lapsed and not been renewed, while those effected later are still current.

5. Foreign-trained nurses at present on current register:—

Dutch	5
German	3
Polish	2
Austrian	1

Others have been registered but have now left the State.

6. Registered Auxiliary Nurses: 13.

Post-Graduate Diplomas.

Nursing Administration Diploma	3
Sister Tutor Diploma	2
Midwife Tutor Diploma	1
Ward Sister Diploma	3

One sister is away at present doing a midwife Tutor Diploma, and another is doing the midwife Tutor Course. Three will be commencing the Theatre Management and Teaching Course in July.

General.

Raising of Educational Standard.—It is felt that raising the educational standard of trainees to the completed eighth grade or the equivalent of two years in a secondary school is a step forward, and while it is felt that a higher standard would be desirable, it is not practicable at present.

Procedure Book.—During the year the Procedure Book has been revised and it is at present being printed. The nature of this book has been altered and it will now be a guide to practical procedures for use in the wards.



*Leave During Training.*—A rule has been made by the Board that the period of actual training for general nurses must be 196 weeks. This clarifies the position regarding the amount of leave which can be granted during training.

*Urine Testing.*—A good deal of thought has been given to the question of urine testing examinations. It has now been decided to grant a maximum of 50 marks for this subject in the examinations for registration instead of 100.

*Training of Asian and Other Foreign Students.*—A number of applications are being received by the training schools from foreign girls wishing to do their training in Tasmania. Two Indian girls have already been accepted and have commenced their training. Our customs, food, clothing and climate are all difficulties which they encounter at first, but they are gradually overcoming them.

*Central Preliminary Training School.*—Forty-four general trainees have entered the Central Preliminary Training School this year. These have been in five separate blocks. Twenty-seven were successful, seven failed, two did not complete the term, and eight were still in the school on the 30th June.

This year a second block has been introduced. Nurses will now come to the school for eight weeks' preliminary training at the beginning of their training and will return to the school in their second year for a second block of six weeks. The curriculum for this block will include anatomy and physiology, hygiene and more advanced

general nursing. One second-year block has been completed. There were 10 students; eight passed and two failed.

*Tasmanian Auxiliary Nursing Service.*—Of the thirteen registrations in this service during the year eight were nurses who commenced their general training and successfully completed the first year and passed the examinations, and then at a later stage resigned before completing their full training.

Five nurses successfully completed auxiliary training at Campbell Town Hospital. These girls are the first to complete this training since a number of country hospitals were registered as training schools for auxiliary nurses.

There are also a number of nurses who have almost completed this training at the Scottsdale Hospital. Others are in training at these two hospitals and also at Longford and Queenstown. These are the first hospitals to commence this training apart from the general training.

*Staff.*—Many hospitals have experienced acute shortages of trained staff, particularly during the winter months, but the position regarding trainees has improved and some training schools have almost reached their full complement. Some of the smaller ones are still short of trainees as well as trained staff.

JOHN EDIS, Chairman.  
L. H. SIDEBOTTOM, Secretary.

APPENDIX IV.

*Statistics.—St. John's Park, New Town, for the Year ended 30th June, 1956.*

Number of Beds available—

Female Division .....	162	including 81 hospital beds
Male Division .....	303	including 120 hospital beds
Total ....	465	201

PATIENTS

Year	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			Average Daily Number
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1954-55 .. ..	255	152	407	200	73	273	104	20	124	76	54	130	275	151	426	416.61
1955-56 .. ..	275	151	426	154	70	224	88	42	130	65	31	96	276	148	424	417.25

<i>Summary.</i>		1954-55.	1955-56.
Number resident at commencement .....		407	426
Admitted during year .....		273	224
		680	650
Discharged during the year ....	124	130	226
Deaths during the year ....	130	254	424
		426	

<i>Finance.</i>		£	£
Revenue:			
Commonwealth Hospital Benefits .....	25,093	27,811	
State aid (net cost) .....	121,919	140,813	
Invalid and old age pensions contributions .....	23,175	24,722	
War service pensions contributions .....	1,426	1,707	
Private maintenance .....	5,386	7,027	
Laundry services .....	579	1,482	
Sundries .....	439	432	
	£178,017	£203,994	

<i>Expenditure:</i>		£	£
Salaries .....	104,103	122,300	
Provisions and medical comforts .....	6,573	7,797	
Fuel and light .....	40,229	43,772	
Bedding and clothing, stores .....	16,184	17,353	
Repairs and renewals of buildings .....	5,046	5,315	
Sundries .....	5,882	7,457	
	£178,017	£203,994	
	£ s. d.	£ s. d.	
Gross daily cost per inmate ....	1 3 5	1 6 8	
Net daily cost per inmate ....	0 16 0	0 18 5	
Gross weekly cost per inmate ....	8 4 1	9 7 0	
Net weekly cost per inmate ....	5 12 4	6 9 1	



## Section II—Report of the Division of Public Health for the Year ended 30th June, 1956

Fifty years ago, in his report for 1905-6, the Chief Health Officer, Dr. J. S. Elkington, quoted a distinguished pioneer of Public Health in Great Britain: "The question is not what is likely to be done, but what ought to be done". Dr. Elkington went on to point out that, in making his recommendations for the welfare of Tasmania, he had exhaustively studied local conditions, and had carefully kept in view the importance of financial and economic aspects. He trusted therefore that it would be recognised that these recommendations had been framed, not in a mere outburst of sanitary enthusiasm, but only after careful weighing of observed necessities; and that they were put forward as expressions of that duty which he owed to the Government which he served as Chief Adviser in these matters.

I must re-echo the words of my predecessor. It is the duty of the Director of Public Health to put forward recommendations for the improvement of the health of the people; and in doing so to take into consideration the economic aspect of these recommendations. Unfortunately, it is not always easy to establish a basis upon which one can estimate the profit or loss due to some Public Health measure. For example, the cost—to the whole community—of the poliomyelitis vaccine and the campaign to immunise all children in Australia up to the age of 15, will be more than £10,000,000, spread over two or three financial years. It would be difficult, and probably impossible, to show that the decrease in paralytic poliomyelitis, which we can expect as a result of the immunisation, will result in a direct saving in hospital costs of this amount; but if one takes into account the economic consequences of the loss, as production units, of those victims of the disease who are crippled, there is little doubt how the balance lies.

In view of the importance of poliomyelitis immunisation at the present time, a special section of this report, reviewing the incidence of the disease in this State in the last fifty years, has been prepared and appears on page 19. But there is one aspect of the organisation of the campaign to which I must refer. For a long time it has been a tradition here and in several other Australian States that the actual work of immunisation against infectious disease should be carried out by local authorities. But in the case of the poliomyelitis immunisation, the local authorities protested that they were unable to bear the full cost and finally the Government agreed to subsidise them. Under the agreement with the Commonwealth Government, by which the vaccine is available without charge, the State Health Departments are responsible for the keeping of detailed records of the injections. The division of responsibility between the Health Department and local authorities has necessitated a more complicated and more expensive organisation than would have been necessary if the whole campaign had been entrusted to the Health Department, as in South Australia and Western Australia.

In view of the fact that other similar immunisation campaigns may be undertaken in future, it is my obvious duty to point out, for the guidance of those who may have to plan the organisation, that the explanation of this difference in cost is

that it is always much cheaper to do this kind of work with whole-time salaried staff than with those who are paid on a sessional, or fee-for-service basis. It is also more efficient, because it enables teams to be formed which, by concentrating on the work, do it more quickly than those to whom it is a part-time occupation.

The organisation of the immunisation campaign has necessarily occupied a great deal of the time of the staff of the Public Health Division, and particularly of the Administrative Officer, who has devised a very complete system of records, and of myself. I have every reason to hope that, as a result of this system, the records of poliomyelitis immunisation in this State will present as complete a picture of the campaign as will be available anywhere (except perhaps in the original assessment of the Salk vaccine in U.S.A.). In the meantime, the demands on my time have necessarily meant that several other projects have been to some extent pushed into the background.

In my last report I referred to the difficulties that are experienced in trying to dispose of liquid household wastes within the confines of an ordinary suburban building block. The position is made more difficult by the absence of sewerage in many rapidly-developing areas; and the wholesale installation of septic tanks, which is frequently advocated by people not fully acquainted with the problem, does not represent a solution, and if permitted would frequently add to the difficulty. It has been necessary to refuse all applications for the installation of septic tanks in a certain closely settled area in which the soil is not very absorbent; and it is obvious that this policy will have to be extended to other similar areas. There is no satisfactory alternative to the provision of properly planned sewerage in areas that are rapidly becoming urban.

At the same time I must point out that our present system of hurrying all our sewage into the sea as rapidly as possible, although probably quite unobjectionable from the health point of view, does have serious national implications. No country can afford to go on, indefinitely, hurling valuable nitrogenous wastes and phosphates into the ocean; and some consideration should be given by all urban local authorities to planning for some system of sewage farming in the future. The example of the Melbourne and Metropolitan Board of Works shows that cattle raising on a sewage farm can be a profitable business. It would pay some local authorities to study this example.

### ENDEMIC GOITRE.

Further progress has been made with the investigation of the theory put forward by Dr. F. W. Clements that there is a substance capable of producing endemic goitre in milk from cows fed on chou moellier. We have established beyond any reasonable doubt that this milk does have a disturbing effect on the function of the thyroid gland. We have also established that a similar effect is produced by milk from cows fed on pastures contaminated with certain cruciferous weeds. This investigation has been a joint effort with much of the work being carried out by Dr.



Clements, but the chemical investigation of the milk being done in the laboratory of the Government Analyst in Hobart, largely by Mr. J. W. Wishart. The meagre resources at our disposal have not enabled us to isolate the actual substances from the milk. It is pleasing to be able to report that at its meeting in May, 1956, the National Health and Medical Research Council approved of a research grant to enable this work to be intensified. The grant has enabled the work to be transferred to the laboratory of the Biochemistry Department of the University of Melbourne, where it will continue under the general direction of Professor Trikojus. Mr. Wishart has been released from his duties in Hobart for six months to enable him to continue the research under Professor Trikojus. It is hoped that the much greater resources now available will lead to the early solution of this problem.

Even when this is achieved there are some factors in the occurrence of goitre in Tasmania that will not be fully explained and which can be investigated only by a detailed survey of the diet and home conditions of children living in the more goitrous areas. This will be a task that could be carried out by a trained social worker, or a team including a trained social worker. Such a team could well form the nucleus of a research institute, which in turn could be the foundation upon which a Tasmanian Medical School could be built.

The investigation of this problem is not a matter of mere academic interest. In recent years a good deal of evidence has accumulated in other countries that there may be a relationship between the occurrence of endemic goitre and the incidence of certain types of cancer. Dr. Clements has also shown that the death rate from some types of cancer in Tasmania is much higher than the rate for the same age groups in those parts of Australia where endemic goitre is practically unknown. It may well be that in studying the cause of goitre we shall be able to make a notable contribution towards preventing the onset of these forms of cancer and, for this reason and others, I repeat that the occurrence of endemic goitre is one of the biggest and most important problems to be faced in the immediate future.

The part played by Dr. Clements in this investigation has been a notable one. He has planned the whole of the work and has himself carried out a major part of it, and his advice has been invaluable. The co-operation of the Government Analyst has been freely given and has also been most valuable.

#### GOVERNMENT ANALYST.

The report of the Government Analyst gives details of the volume and variety of work carried out by this branch. It will be observed that it falls into the following main categories:—

- (1) Examination of soil, water fertilisers, plants, pesticides and animals for agricultural purposes.
- (2) Examination of food and water for health reasons.
- (3) Examination of specimens for medico-legal purposes.
- (4) Examination of materials used in industry.

The importance of all these aspects of the work has greatly increased in recent years, and will continue to increase. Agriculture is becoming more and more dependent on scientific method, and makes greater and greater demands for exact chemical knowledge. Modern food manufacture brings us face to face with chemical problems that require detailed investigation in the interests of the consumer. The police, to an increasing extent, rely on scientific method, particularly in connection with inquests; and it is likely that in future the testing of the alcohol content of blood will throw a growing burden on the laboratory.

For a long time the work of the Branch has been seriously hampered by lack of room. There is insufficient bench space to allow important apparatus to remain set up during brief periods when it is not in use; instead it has to be dismantled to make way for other work, and then re-assembled a day or two later, when it is required again. This is now unavoidable, but it wastes valuable time. It is an extraordinary thing and difficult to understand that, when the Analyst's Branch moved into its present laboratories 20-odd years ago, it actually moved into a slightly smaller space than it had previously occupied. Such lack of foresight has greatly hampered the work ever since. The provision of adequate laboratory space is urgent and should have top priority.

Staff has been another problem. Recently there has been some publicity about the shortage generally of the number of science graduates needed for the whole community. There is certainly a grave shortage, at present and for the immediate future, of graduates to staff the Government's laboratories, and a very good case can be made for an increase in Government assistance to the University to help overcome this.

#### SCHOOL HEALTH SERVICE.

This year has been most successful because for the first time for many years—perhaps since its inception—the School Medical Service was fully staffed. Details of the report are appended to this report.

It must not be assumed that the task of the School Medical Officer is merely to examine so many children per day. Both medical officers and sisters play a vital part in health education. More can be accomplished with five minutes discussion with a mother about diet, the importance of early bed-time, the care of teeth, and a few other simple rules of health, than by the distribution of acres of pamphlets and all the apparatus of publicity.

The resignation of Dr. H. P. Morris at the end of the year will leave a gap in the staff that should be filled as soon as possible to ensure continuity.

The work of the School Dental Service has continued to grow. It is pleasing to be able to report not only that the number of fillings has been a record, but also that the ratio of fillings to extractions is nearly two to one. This does give some indication that the employment of a larger dental staff is beginning to pay dividends. The school dentist has also a large part to play in the field of health education; and it is apparent that our staff are beginning to persuade parents that it is important to look after teeth.



Dental treatment has become largely an economic problem. Recent increases in the cost of living, and the consequent decrease of real wages have greatly reduced the margin between incomes and the most necessary expenditure which the average wage-earner has to meet. The ability of people to afford dental treatment for their children is thereby greatly reduced. This has contributed to the general attitude that a child should be sent to the dentist only when it has tooth-ache. At this stage it is of course too late to commence preventive and restorative treatment. In view of the high cost of dental treatment and its likely recurrence, the economically harassed parent demands extraction of the worst teeth, which will only bring immediate alleviation of pain. It is not uncommon that by the time a child is due to leave school, so few teeth remain in its head that dentures have to be fitted. Unfortunately an increasing number of parents cannot afford treatment by private dentists; and there is ample evidence that the need for school dental clinics is felt just as keenly in closely settled areas as in the outback, and that the presence of dentists in private practice does not completely satisfy this need.

It has been argued by a few that our service competes unfairly with the private dentist, but I seriously doubt this. It is quite obvious that no matter where school dentists are employed, be it twenty or more miles from a private dentist or be it in the city next door to a dentist, there will always be some children whose parents would have taken them to a private dentist in the absence of a school dentist. But it is equally obvious that the number of children lost to private dentists in this way must be a very small percentage indeed of the number of children who now seek treatment from the school dentist. On the other hand, school dental treatment ensures that children have a much better chance of preserving their teeth into adolescence, and it is very likely that they will seek the services of private dentists after they leave school. Although it is difficult to assess whether on the whole this constitutes an increase in the number of patients for private dentists, the need for treatment of the (approximate) eighty per cent of school children who would otherwise neglect seeking dental treatment is very real.

#### GENERAL SANITATION.

Full details of the work of the health inspectors are given in the report of the Acting Chief Health Inspector, Mr. Wolnizer. During the year this officer carried out his duties with great ability under the most difficult conditions.

The extent and variety of the work of this section is perhaps not fully realised, and for this reason a detailed study of this appendix to the report is to be recommended.

#### STAFF ACCOMMODATION AND EQUIPMENT.

The Public Health Division moved into new offices in September, 1955. This gave some relief from congestion experienced in previous years, but the office position is still not satisfactory.

#### LEGISLATION.

During the year the Public Health Act was amended in order to remove an anomaly which previously existed in the section dealing with the control of septic tanks, and also to permit a water supply authority, with the approval of the Director, to add substances to its water to improve the health of its consumers. In the case of fluoride, a committee including representatives of the medical and dental professions and a water supply engineer, has been set up to deal with applications for approval.

The administration of various Acts was transferred from the Chief Secretary to the Minister for Health, including the Dental Act, the Poisons Act, and the Pharmacy Act, which have been allotted to the Division of Public Health.

#### POLIOMYELITIS IN TASMANIA.

##### *History.*

The earliest mention of acute anterior poliomyelitis, then known as infantile paralysis, in Tasmania occurs in the Annual Report of the Public Health Department for 1908-09. There was a small epidemic of forty-one cases of whom five died and two were non-paralytic. The disease is mentioned under non-notifiable diseases and very little seems to have been known about the illness or its mode of transmission.

From then on long periods of few or no cases alternate with epidemic years, periods of comparative inactivity with periods of almost feverish alarm.

Until 1915-16, no further mention of infantile paralysis occurs, but it is likely that there were sporadic cases, because the disease was made notifiable during that year. This is the first indication that its infective nature was recognised.

Afterwards records are fairly complete; each year there were three or four cases, and now and again there was a small outbreak of a dozen or so cases.

In 1917-18 there were fourteen cases and measures were taken "to isolate house contacts from school for fourteen days if the patient was sent to hospital, and otherwise for four weeks".

At least until 1929 almost all cases were from southern Tasmania, the first serious outbreak in Launceston did not occur till 1934.

An advisory committee consisting of Dr. Shugg, Dr. Sweetnam and Departmental officers was formed in 1929. The following interesting phrase occurs in the Annual Report for that year: "Arrangements were made for the Department to be supplied with serum for the treatment of cases in the pre-paralytic stage".

The twelve cases reported in 1929 were the forerunner of an epidemic outbreak during the summer 1929 and 1930. One hundred and thirteen cases occurred; ten were fatal. Although it appears from the report that very little was known about the nature of the disease, the position



was viewed with much concern, and Dr. Jean McNamara from Victoria was invited to visit Tasmania to advise the Department on the best means of treating and controlling the outbreak. As a result, pamphlets, posters, press propaganda and broadcasting were brought into play to "afford the public all possible information regarding the disease".

In 1936 two nurses went to Brisbane to study Sister Kenny's methods of treatment.

Tasmania's worst poliomyelitis epidemic, with a total of over eleven hundred cases, occurred during 1937-38. The Annual Report for 1937 deals with the measure of alarm that followed the early cases. There was an epidemic in Victoria and as a protection against the introduction of the disease every child under seventeen coming to Tasmania had to have a medical certificate showing that it had not been in contact with a poliomyelitis sufferer for twenty-one days preceding departure. After arrival in Tasmania it had to be isolated for another twenty-one days. The disease was declared a dangerous infectious disease under section 14 of the Public Health Act, and the Director of Public Health was empowered to take the most stringent measures to prevent its spread. Schools were closed, first in districts in which the disease broke out, and then all schools throughout the State. Children under seventeen years were prohibited from attending indoor entertainment, public swimming baths or other forms of outdoor entertainment. The movement of children from areas in which cases had occurred to other districts was forbidden, and contacts were strictly isolated. The report stresses that it was difficult to assess whether the measures taken were at all effective. But it also states that personal contact seems the most prevalent method of spreading the disease, but there were a few unexplained cases. The Director of Public Health in those days also pointed out that infants were attacked most frequently, although there had been a "shift" of the incidence rate from the under fives to the fives to nines. Later reports showed quite clearly that this trend has continued and that nowadays the incidence in the adolescent and young adult stages is at least as high as that amongst infants. Apart from about forty cases in 1945-46, the incidence of poliomyelitis until 1950 was insignificant. In 1950-51 and 1952 there were small epidemics with a total of one hundred and fifty cases. Since then there was virtually no poliomyelitis in this State until April, 1956.

#### *New Thought on Poliomyelitis.*

Because President Roosevelt was stricken by Infantile Paralysis, possibly more money and time has been devoted to the study of this than to any other infectious disease. The American Foundation for Infantile Paralysis financed research projects on a lavish scale. The result was the series of events which led from Dr. Ender's successful growth of the virus on monkeys kidneys to the preparation of a vaccine by Dr. Jonas Salk of Pittsburgh University. The vaccine is of the "attenuated virus" type, the virus being bred on monkey kidney cultures and subsequently attenuated with formaldehyde.

During 1953-54 a comprehensive trial on 200,000 children was conducted in the United States and the results were announced at Michigan

on the 13th April, 1955. These contained evidence that the vaccine substantially reduced the incidence of paralytic poliomyelitis by comparison with control groups who had been given a placebo. There also seemed a reduction in the rate of non-paralytic poliomyelitis, but this was not so pronounced.

The news of the success of the vaccine was followed by an intensive advertising campaign by the American manufacturers offering vaccine to the entire world. In this State an amount of £50,000 was set aside by Governor-in-Council authority and orders were placed with two manufacturers by the Minister for Health for the immediate delivery of vaccine.

Before the vaccine could be delivered, however, an accident had occurred in America which threw grave suspicion on the safety and the usefulness of the vaccine. Some children contracted paralytic poliomyelitis shortly after injections and several died. The possibility that the vaccine caused the disease could not be entirely excluded. Eventually it was explained that only one batch of vaccine was at fault; that its manufacturers had departed from the stringent tests devised by Dr. Salk, and had neglected to notify the public health authorities of the true circumstances of their manufacture. Immediate steps were taken to prevent a recurrence. Unfortunately, this untoward accident brought a good deal of discredit on the vaccine, and many countries, particularly the United Kingdom, decided to defer judgment and immunisations. The medical profession of Australia, caught up in the controversy and discussions over the American incident, was divided on the safety and effectiveness of the vaccine. The Commonwealth National Health and Medical Research Council's Poliomyelitis Standing Committee decided to recommend the most stringent precautions before the importation of any vaccine was sanctioned by the Commonwealth Customs Department. This meant, in fact, that no American poliomyelitis vaccine was imported.

Other countries, most notably Canada, had made arrangements for the manufacture of a Salk-type vaccine in Government laboratories, and its careful testing by independent research organisations. Wherever these methods were followed the vaccine was used with perfect safety and was extremely successful in reducing the incidence of paralytic and non-paralytic types of poliomyelitis.

The Commonwealth Department of Health decided that it would undertake the production of a Salk-type vaccine at the Commonwealth Serum Laboratories, and that it would supply it to the States free of charge for the immunisation of their people. The production of trial batches was begun early in 1956. The first vaccine, enough to immunise fifty children, arrived in Tasmania on the 14th June, and the first batch for mass immunisations on the 23rd June, 1956.

Regulations were gazetted on the 11th July, 1956, which lay down in detail the procedure to be followed by local authorities in giving the injections and keeping the necessary records.

Diagnostic criteria for identification of poliomyelitis were prepared by the Poliomyelitis Committee set up by the National Health and Medical Research Council, and are sent to all medical practitioners. Almost all poliomyelitis suspects will



be sent to infectious diseases hospitals where specimens of serum, faeces and cerebro-spinal fluid will be taken for study at the Infectious Diseases Research Unit at Fairfield, Victoria. State poliomyelitis consultants will see each suspected case, and a report will be returned to the Director of Public Health whether the patient has been vaccinated or not.

*Organisation of the Campaign in Tasmania.*  
When the Commonwealth Minister for Health announced that vaccine would be supplied to the States free of charge, he laid down that they must accept responsibility for its distribution and use. The manufacturing capacity of the Commonwealth Serum Laboratories was estimated to be about 400,000 doses per month and each State was to receive its share according to its population. Tasmania's share was to be 16,500 doses.

POLIOMYELITIS—TASMANIA.  
No. of Cases, 1900-1955.





The Director of Public Health on the 9th December, 1955, forwarded a proposal to the Minister for Health in which he pointed out that there were approximately 100,000 children under fourteen. American experience had shown that absolutely infallible records had to be kept of each injection. Experience had also shown that the storage and transport of this vaccine would present difficulties, and that it was the obvious choice that this Department should undertake the immunisation of all children. He proposed that three caravans be built, each equipped with a refrigerator and the necessary immunisation gear. Each caravan would be staffed by a doctor, a nurse, and a driver-clerk. It would load up with vaccine once a week and then travel from school to school, immunising children of school age and below. After the conclusion of the campaign, the caravans were to be converted into mobile dental units.

Table 1.—*Poliomyelitis Immunisation Campaign.*

Estimated Costs: Departmental Proposal: 3 Mobile Clinics.

1. Capital—		
	£	£
(a) Record machines .....	3,360	
(b) Clinic-caravans .....	4,680	
(c) Towing vehicles .....	3,600	
(d) Immunisation equip- ment .....	800	
(e) Refrigeration equip- ment .....	1,200	
		13,640
2. Operation—		
(a) Teams: Salaries and travelling .....	20,844	
(b) Records: Salaries and equipment .....	4,896	
(c) Vehicles and equip- ment .....	1,200	
		26,940
Total ....		£40,580

Section 29 (1) II of the Public Health Act provides quite clearly that local authorities are responsible for immunisations, and the Director of Public Health suggested that they be asked to contribute towards the operating cost of mobile clinics. A contribution of 1s. per course of three injections would have raised approximately £11,000.

This proposal was taken to Cabinet, which decided that, in view of the very serious financial position of the State, and following arrangements in the standard States and the possibility of prejudicing the claims of the State with the Grants Commission, the local authorities should bear the entire responsibility for giving the injections, the State Health Department merely acting as a distribution centre for vaccine. The Director of Public Health pointed out that under the agreement with the Commonwealth the keeping of central records was imperative, and he showed that records of diphtheria immunisations kept by local authorities are often very unreliable and worthless if it ever became necessary to trace all children immunised with a particular batch of vaccine.

The local authorities in their turn clamoured that this expense was far beyond them and that if they were to arrange immunisations they would have to pass on the cost to the parents of the children immunised. An enquiry was made from the Commonwealth Health Department to see whether this was permissible, but the Commonwealth Minister for Health insisted that injections had to be

free. Lengthy discussions then took place between the Hobart City Council, the Municipal Association, and the Premier of Tasmania, after which Cabinet agreed to pay half the cost of the injections.

*How Much Does an Injection Cost?*

It was quite obvious that the cost per injection to each local authority would vary almost directly with the amount charged by the municipal health officer. Some, but unfortunately only few, of these took the view that immunisations were part of their duties and therefore did not require a separate fee. On the other hand some municipal health officers thought that the extra amount of work involved would so seriously jeopardise their private practices that they were justly entitled to recompense. To achieve a degree of uniformity the British Medical Association suggested that uniform rates be charged for injections. After further discussions, the rates of reimbursement to local authorities were determined:—

- 1s. per injection for metropolitan areas.
- 1s. 6d. per injection for rural areas.
- 2s. per injection for urban areas.

This recompenses all municipalities fairly, even those whose doctor must travel a good deal and immunise small batches of children in a scattered population.

*Records.*

To deal with 1,000 entries daily would have meant either the employment of a staff of four or five clerks, or the use of punch-card equipment. After much discussion, investigation and research, Powers-Samas punch-card recording equipment was purchased. An automatic key-punch, a verifier and a sorter-counter, costing about £4,000, are used to record the particulars of each child given an injection. One set of cards is kept in alphabetical order and contains the name of the child and the serial number which is allotted to it. Another set of cards, kept in numerical order, records the municipality by which the injection is given, the date of immunisation, the batch number of the vaccine, the injection site, and the year of birth. From these cards a careful check can be kept, not only on the safety of the vaccine, but also on its usefulness in reducing the incidence of poliomyelitis.

*Organisation.*

The attached chart shows how the Commonwealth Health Department, State Health Department, local authorities, child health centres and schools co-operate in this campaign. Under agreements with the following local authorities:—

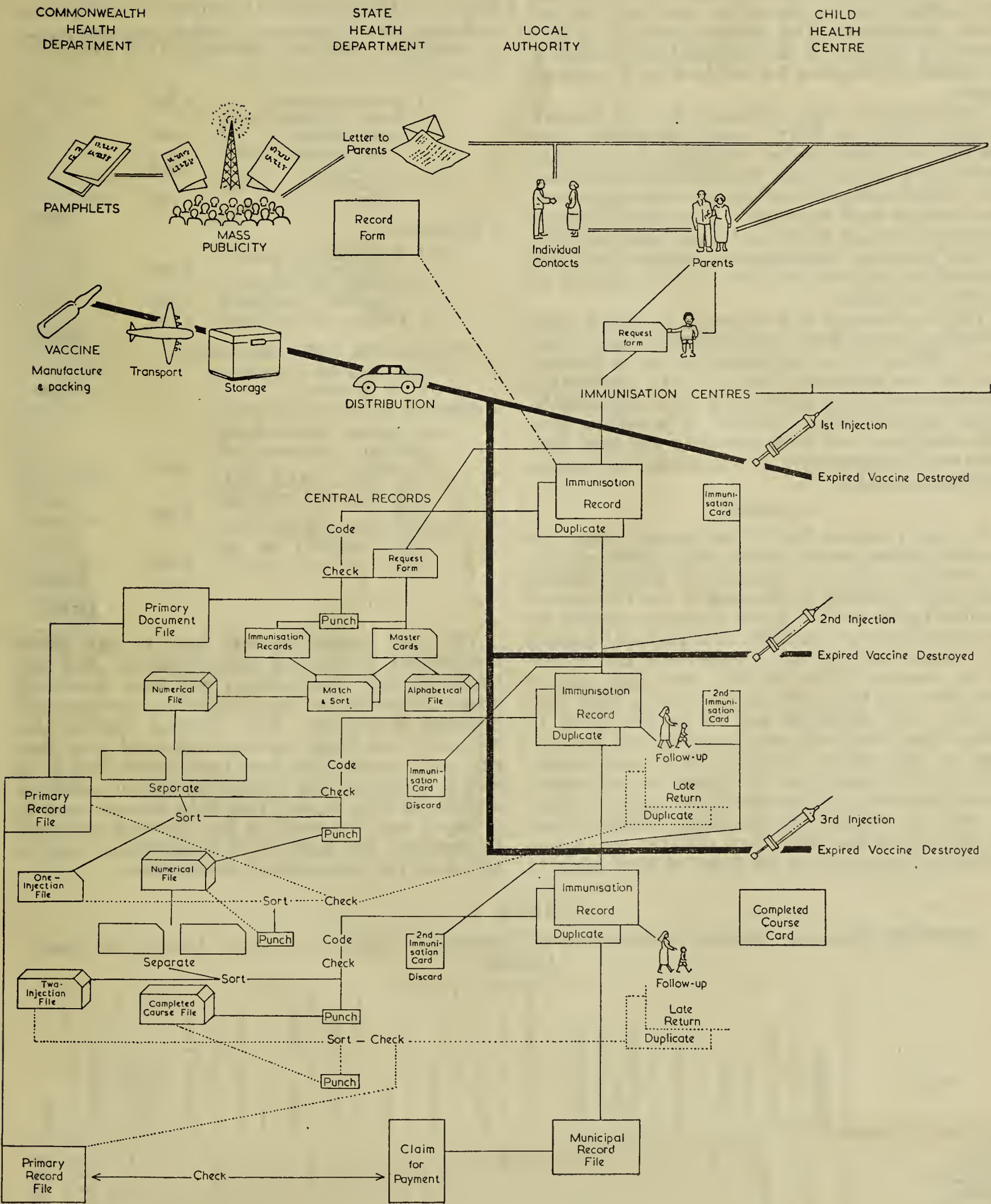
- Bruny, Evandale, Flinders, George Town, Glamorgan, Hamilton, Kingborough, King Island, New Norfolk, Penguin, Port Cygnet, Portland, Richmond, Ringarooma, Scottsdale, Sorell, Spring Bay and Tasman,

the Department discharges the functions of the local authority under the Public Health Act, and therefore arranges poliomyelitis immunisations. The Government medical officers, assisted by a nursing sister from the Bush Nursing Service or a school medical sister, and a clerk from the Department, will give injections in those municipalities. The Department has purchased four sets of sterilisers, syringes, linen and other equipment which are taken to the Government medical officer with the vaccine.



POLIOMYELITIS IMMUNISATION CAMPAIGN

.....





All other municipalities have to make their own arrangements and have to provide their own equipment. In most of them the municipal health officer will give the injections, although some municipalities may find it more convenient to employ outside doctors. The nursing assistant is usually a married sister living in the district, and in some cases assistance may also be given by Bush Nursing sisters. Wherever it does not conflict with their ordinary work, school sisters will help local authorities in organising and carrying out their campaigns. The clerical work is usually done by a member of the Council Clerk's office or by somebody engaged for the task on a sessional basis.

Refrigerators were purchased for the Departmental offices at Burnie and Launceston, and clerical assistants were engaged for Hobart, Burnie and Launceston. They will distribute vaccine from the deep-freeze storage to the immunisation centres each morning. A carefully devised system of request forms and order slips and close liaison between Departmental officers and local authorities will ensure that as little vaccine as possible is wasted.

The organisation of a campaign on such a large scale is a very difficult and expensive task in any case. When this organisation has to be planned not for one authority, but for fifty authorities, some confusion and uncertainty seem unavoidable. From the beginning, however, it is certain that this campaign will work smoothly and that children will be immunised just as quickly as vaccine becomes available.

Persuasion.

It was foreseen that some people might be doubtful about consenting to their children's immunisation, and the Director of Public Health and other members of the staff of the Division of Public Health went to great trouble to explain by means of letters, pamphlets, and personal contact the purpose of the vaccinations and the details of the vaccine. This led to a very high rate of acceptance of the vaccinations; such a high rate, in fact, that priorities had to be laid down to ensure that everybody would receive their vaccination in just order. As the risk of contracting poliomyelitis seems to be great in adolescent groups nowadays, it was decided to make an effort to catch all children who are likely to leave school at the end of the year; then children in densely populated areas are to be done, as they seem to

be at a greater risk than country children. Then the campaign will gradually spread to rural areas. Arrangements were also made for the immunisation of pregnant women, and doctors and nursing staff likely to come into contact with poliomyelitis sufferers.

The total cost of this campaign to the State Government of Tasmania during the next two years is estimated to be about £47,000.

Table 2.—Poliomyelitis Immunisation Campaign.  
Estimated Costs: Distribution of Vaccine: Records: Agreement Responsibilities: Subsidies to Local Authorities.

1. Capital—	£	£
(a) Record machines .....	3,360	
(b) Motor vehicles (new and repairs) .....	1,500	
(c) Immunisation equipment .....	2,000	
(d) Refrigeration equipment .....	700	
		7,560
2. Operation—		
(a) Distribution: Salaries and travelling .....	5,461	
(b) Records and checking: Salaries, equipment .....	7,258	
(c) Vehicles and equipment .....	3,500	
		16,239
3. Responsibilities Under Agreements—		
20,000 children (approx.) at 7s. 6d. each .....		7,500
4. Subsidies to Local Authorities—		
Metropolitan areas: 40,000 children (approx.) at 3s. each .....	6,000	
Urban areas: 12,000 children (approx.) at 4s. 6d. each .....	1,700	
Rural areas: 30,000 children (approx.) at 6s. each .....	9,000	
		16,700
		£47,999

The local authorities will have to pay about £20,000 for giving the immunisations, and the Commonwealth Government will have expended about £3,000,000 on the production, packing and despatch of vaccine. It is doubtful whether the economic loss from poliomyelitis could ever justify such expenditure and such effort, but it is well to remember the amount of human suffering and dread that stems from this disease; and it is hoped that the work of this Division and this Department will have made a significant contribution to the reduction of unhappiness.

TABLE G.  
RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1955-56.

Month	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Para-Typhoid Fever	Poliomyelitis	Infantile Diarrhoea	Brucellosis	Hepatitis	Rubella	Typhoid Fever	Bacillary Dysentery	Puerperal Fever	Glandular Fever	Amoebic Dysentery	Tuberculosis	Total
July.. ..	4	4	2	—	—	—	—	—	2	—	—	1	—	—	1	15	29
August .. ..	3	2	5	—	—	—	3	—	4	—	—	6	1	—	—	16	40
September .. ..	3	3	5	—	—	—	—	—	7	—	2	2	—	—	—	10	32
October .. ..	1	1	2	1	—	—	—	1	6	1	—	1	—	—	—	16	30
November .. ..	3	1	—	1	—	—	—	—	3	—	—	—	—	—	—	15	23
December .. ..	2	3	3	1	1	—	—	—	—	—	—	1	—	—	—	18	29
January .. ..	1	—	—	—	—	—	—	—	4	—	—	—	—	—	—	24	29
February .. ..	1	—	3	—	1	—	—	1	1	—	—	1	—	—	—	16	24
March .. ..	3	3	2	—	10	5	—	—	1	—	—	—	—	—	—	25	49
April .. ..	1	1	1	—	1	4	—	—	1	1	—	—	—	—	—	15	25
May.. ..	—	1	—	1	1	3	—	—	42	—	—	—	1	—	—	16	65
June .. ..	2	1	1	—	—	8	—	—	34	—	—	—	1	4	—	21	69
TOTAL .. ..	24	20	24	4	14	20	3	2	105	2	2	12	3	1	1	207	444



TABLE H.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities,  
During the Year 1955-56.

Municipality	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Para-Typhoid Fever	Poliomylitis	Infant Diarrhoea	Brucellosis	Hepatitis	Rubella	Typhoid Fever	Bacillary Dysentery	Puerperal Fever	Glandular Fever	Amoebic Dysentery	Tuberculosis	Total
Beaconsfield ..	2	1	—	—	—	3	—	—	1	—	—	1	—	—	—	3	11
Bothwell ..	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Brighton ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	2
Bruny ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Burnie ..	1	1	1	—	—	—	—	—	1	—	—	—	—	—	—	14	18
Campbell Town ..	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	3
Circular Head ..	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	5	7
Clarence ..	2	2	—	—	—	3	3	—	10	—	—	—	—	1	—	10	31
Deloraine ..	1	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	4
Devonport ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Esperance ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Evandale ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	3
Fingal ..	1	1	2	1	—	—	—	—	3	—	—	—	2	—	—	1	11
Flinders ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
George Town ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Glamorgan..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glenorchy ..	—	—	1	—	—	1	—	—	4	—	—	—	—	—	—	23	29
Gormanston ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Green Ponds ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hamilton ..	—	—	1	—	—	4	—	—	5	—	—	—	—	—	—	3	13
Hobart ..	5	5	2	—	—	3	—	—	9	—	—	—	—	—	1	45	70
Huon ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4
Kentish ..	—	1	—	—	—	—	—	—	23	—	—	—	—	—	—	—	24
Kingborough ..	1	—	—	—	—	—	—	—	9	1	—	—	—	—	—	1	12
King Island ..	2	—	1	1	—	—	—	1	19	1	—	—	—	—	—	—	25
Latrobe ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Launceston ..	2	1	4	—	3	2	—	—	1	—	—	2	—	—	—	39	54
Lilydale ..	1	1	2	—	—	—	—	—	—	—	—	1	—	—	—	—	5
Longford ..	—	1	1	—	1	—	—	—	1	—	2	1	—	—	—	2	9
New Norfolk ..	—	1	—	1	—	—	—	—	3	—	—	—	—	—	—	12	17
Oatlands ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Penguin ..	—	—	—	—	—	—	—	—	8	—	—	—	—	—	—	4	12
Port Cygnet ..	—	1	—	—	—	—	—	—	4	—	—	—	—	—	—	1	6
Portland ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Queenstown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	5
Richmond ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ringarooma ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ross ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	2
Scottsdale ..	3	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	7
Sorell ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4
Spring Bay..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
St. Leonards ..	—	—	1	1	7	—	—	1	—	—	—	5	—	—	—	1	16
Strahan ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tasman ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Ulverstone ..	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	4	7
Waratah ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Westbury ..	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	3
Wynyard ..	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	7	9
Zeehan ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	10	11
TOTAL ..	24	20	24	4	14	20	3	2	105	2	2	12	3	1	1	207	444



TABLE I.  
ACUTE ANTERIOR POLIOMYELITIS.

Month.	Under 1 year		1 yr. & under 5		5 yrs. & under 10		10 yrs. & under 15		15 yrs. & under 20		20 yrs. & under 25		25 yrs. & under 30		30 yrs. & under 35		35 yrs. & under 40		40 yrs. & under 45		45 yrs. & over		TOTALS		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
July .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
August .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
November .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
December .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
January .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
February .....	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
March .....	...	...	1	...	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	1
April .....	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
May .....	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
June .....	...	...	3	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	4	5
TOTALS .....	...	...	8	...	1	...	2	...	1	...	1	...	1	...	1	1	...	...	...	...	1	...	12	8	
TOTAL M & F	...	...	11	...	1	...	2	...	1	...	1	...	1	...	2	...	...	...	1	...	...	...	20	...	



SCARLET FEVER

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July .. ..	—	—	1	1	1	—	—	1	—	—	—	—	2	2
August .. ..	—	—	1	—	—	—	—	1	—	—	—	—	1	1
September .. ..	—	1	—	—	—	1	—	1	—	—	—	—	—	3
October .. ..	—	—	—	1	—	—	—	—	—	—	—	—	—	1
November .. ..	—	—	—	—	—	1	—	—	—	—	—	—	—	1
December .. ..	—	—	1	2	—	—	—	—	—	—	—	—	1	2
January .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March .. ..	1	1	1	—	—	—	—	—	—	—	—	—	2	1
April .. ..	—	—	—	—	—	1	—	—	—	—	—	—	—	1
May .. ..	—	—	—	—	—	—	—	1	—	—	—	—	—	1
June .. ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Total .. ..	1	3	4	4	1	3	—	4	—	—	—	—	6	14
Total M. and F. ..	4		8		4		4		—		—		20	

DIPHThERIA

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
August .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
September .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October .. ..	—	—	—	—	1	—	—	—	—	—	—	—	1	—
November .. ..	—	—	—	—	—	1	—	—	—	—	—	—	—	1
December .. ..	—	—	—	—	—	—	—	—	—	—	1	—	1	—
January .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
April .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
May .. ..	—	—	1	—	—	—	—	—	—	—	—	—	1	—
June .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .. ..	—	—	1	—	1	1	—	—	—	—	1	—	3	1
Total M. and F. ..	—		1		2		—		—		1		4	



MENINGITIS

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July .. ..	2	2	—	—	—	—	—	—	—	—	—	—	2	2
August .. ..	1	1	—	—	—	—	—	—	—	1	—	—	1	2
September .. ..	—	2	—	—	—	—	—	—	—	1	—	—	—	3
October .. ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1
November .. ..	1	1	1	—	—	—	—	—	—	—	—	—	2	1
December .. ..	—	1	—	—	1	—	—	—	—	—	—	—	1	1
January .. ..	—	—	—	—	—	1	—	—	—	—	—	—	—	1
February .. ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1
March .. ..	—	—	2	—	—	1	—	—	—	—	—	—	2	1
April .. ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1
May .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
June .. ..	1	—	1	—	—	—	—	—	—	—	—	—	2	—
Total .. ..	5	10	4	—	1	2	—	—	—	2	—	—	10	15
Total M. and F. ..	15		4		3		—		2		—		24	

TABLE J.

VENEREAL DISEASES.				Sources of Information.			
RETURN showing Notifications of Venereal Diseases during the Year 1955-56.					Males	Females	Total
	Males	Females	Total	Notified by hospital clinics ....			
Gonorrhoea .....	13	3	16	Notified by private practitioners .....	14	1	15
Primary Syphilis ...	4	....	4		7	2	9
Secondary Syphilis ...	2	....	2		—	—	—
Tertiary Syphilis ..	1	....	1		—	—	—
Chancre ....	1	....	1		21	3	24
	—	—	—		—	—	—
	21	3	24		—	—	—
	—	—	—		—	—	—



TABLE K.

RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1955-56.

	Under 1 Year		1-5		5-10		10-15		15-20		20-25		25-30		30-35		35-40		40-45		45-50		50-55		55-60		60-65		65 and over		Age not stated		Total		Grand total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Gonorrhoea	...	...	...	...	...	...	1	...	3	1	2	2	2	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	3	16
Tertiary Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	
Secondary Syphilis	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2		
Primary Syphilis	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	4			
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Chancre	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1			
Totals ..	...	...	...	...	1	...	1	...	3	1	5	2	5	...	5	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	21	3	24			

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Director of Public Health.

APPENDIX V.

REPORT OF THE GOVERNMENT ANALYST AND CHEMIST FOR THE YEAR ENDED 30th JUNE, 1956.

Work of the Branch.—The total number of samples submitted to the laboratory during the year was 2,793, a decrease of 284 on the previous year, when, however, the number was considerably augmented by the large numbers of export apples examined for spray residues. Significant increases were registered in the numbers of foods, plant and animal nutrition specimens, human toxicology, criminal investigation exhibits, and alcoholic inebriation tests. A larger number of materials was examined in connection with industrial hygiene and animal feeding stuffs.

Decreases were shown in the number of soils, waters and industrial materials examined.

The following tables show the numbers of samples of various kinds, and the sources from whence they came—

Table L1.—Materials Examined.

Foods .....	926
Soils .....	382
Water .....	292
Plant nutrition specimens .....	284
Animal nutrition specimens .....	166
Toxicology specimens (human) .....	143
Criminal investigation exhibits .....	102
Alcohol (inebriation) tests .....	82
Toxicology specimens (animal) .....	79
Feeding stuffs .....	66
Fertilisers .....	59
Lime and limestone .....	30
Industrial hygiene tests .....	28
Goitre investigation materials .....	24
Pesticides .....	22
Miscellaneous industrial materials .....	21
Sewage effluents and wastes .....	16
Soaps, cleaning materials and disinfectants .....	14
Drugs and medicines .....	13
Rag flock .....	8
Biochemical specimens .....	8
Spray residues .....	8
Human milk .....	6
Rocks, minerals and metals .....	4
Corrosion materials .....	2
Hydrometers .....	2
Paints and pigments .....	2
Oils and motor spirits .....	2
Textiles .....	2
	<hr/>
	2,793

Table L2.—Sources of Samples.

State Departments:	
Agriculture .....	873
Health Services .....	453
Police .....	258
Hydro-Electric Commission .....	52
Public Works .....	26
Tasmanian Grain Elevators .....	18
Agricultural Bank .....	15
Supply and Tender .....	10
Labour and Industry .....	7
Chief Secretary .....	1
Gaols .....	1
Lands and Surveys .....	1
Transport .....	1
Commonwealth Departments:	
C.S.I.R.O. (Fisheries) .....	73
Works .....	32
Army .....	1
Local authorities .....	325
Hospitals and institutions (including Child Health) .....	97
Private persons and firms .....	549
	<hr/>
	2,793

The table below shows the results of analyses of food samples taken officially during the year by inspectors of the Department and those employed by local authorities.



Table L3.—Food and Drugs Act Analyses.

Foodstuff.	No. received.	No. below standard.
Bread .....	3	....
Butter .....	4	....
Cordials & summer drinks	17	3
Cheese .....	1	....
Coffee concentrate .....	1	....
Coffee and chicory essence	2	....
Cream .....	16	7
Essences (flavouring) .....	2	1
Fats .....	1	1
Fish (canned) .....	13	....
Flavoured topping .....	1	....
Fruit (dried) .....	5	5
Fruit (canned) .....	14	5
Gelatine .....	7	7
Honey .....	5	....
Jam and marmalade .....	1	....
Margarine .....	1	....
Meat products .....	4	1
Milk .....	416	48
Milk (evaporated) .....	1	1
Pickles .....	1	....
Spices .....	1	....
Sausages .....	10	4
Spreads .....	1	....
Spirits .....	1	....
Tea .....	1	1
Vegetables (canned) .....	2	....
	530	85

The percentage of samples which failed to comply with the standards of the Food and Drugs Regulations was 16, which is much less than last year, when the proportion was 23.4 per cent. This year the number of sub-standard milks was halved.

Apart from the milks, which are dealt with below, most of the faults detected were not of a serious nature. Five samples of dried sultanas contained sand to the extent of 0.1 to 0.15 per cent, which was apparent as a marked grittiness on tasting, and is considered excessive. The processors are endeavouring to remedy the fault, which occurs in the State of processing. A number of samples of tinned grapefruit showed considerable deterioration in the tins. Samples of edible gelatine contained arsenic ranging from 1.5 to 5 parts per million. Several of these would not conform to the limit of 2 parts per million which has been proposed. Two samples of cream were preservatised in addition to being pasteurised, and three others showed deficiencies in labelling.

In addition to the samples listed above, a number of contaminated foods were submitted to local authorities by members of the public. There was a total of seventeen such cases, in which such impurities as mould, twigs, rodent excreta, grit, metal foil and a piece of potato were discovered in bread, cake, milk and cordials respectively. A shipment of sugar which arrived in Burnie and was partly condemned was contaminated with sea water and clay.

*Milk.*—The following table gives a summary of the results of milk analyses on samples taken throughout the State.

Chemical tests.	No. of samples.	Per cent of total.
Conform to standard .....	368	88.5
Deficient in fat only .....	4	1.0
Sub-standard in non-fatty solids and/or total solids, not watered .....	43	10.3
Watered .....	1	0.2
	416	100.0
Reductase test (4 hours) —		
Conformed .....	23	
Failed .....	1	
Phosphatase test—		
Conformed .....	8	
Failed .....	1	

The proportion of sub-standard milks (11.5 per cent) was much less than in the previous year, when it amounted to 27 per cent, although a greater number of samples were taken in the year just ended. It is probable that the heavy rains and consequent lush pastures, which persisted well into the autumn, contributed greatly to the much lower incidence of sub-standard non-watered milks. This tends to show that the problem is mainly one of feeding.

*Forensic Chemistry.*—This continues to be a growing section of the work.

The number of human toxicology specimens, mostly submitted in connection with coroners' inquests, almost doubled, and crime exhibits examined for the police, who are making much more use of the services of the laboratory than previously, more than trebled.

In thirty-six cases of suspected poisoning, barbiturates were detected in 14, strychnine four, quinine and cyanide one each, and 16 cases gave negative results. In one noteworthy case, the urine of a person suspected of having lead poisoning contained 0.3 per cent weight-volume of iodine in the form of salts. The patient died.

Another branch of the work which has come into prominence is the testing of blood and alcohol specimens from persons accused of driving motor vehicles when under the influence of liquor, and from drivers and victims in road accidents.

The blood test in "drunken driving" is on a voluntary basis in this State. Consequently the results of many of these tests do not come into court when the accused's legal adviser sees that the alcohol concentration is high, indicating the taking of a considerable amount of liquor.

An analysis of the results of tests in cases of "driving under the influence" shows the following:—

Concentration mg. per 100 ml.	Number.
Nil .....	1
1-50 .....	1
51-150 .....	6
151-200 .....	8
201-300 .....	12

Evidence in a number of these cases when the analyst has been called, and in inquests, has been given in court by Mr. Shipp, and in poisoning and other cases involving forensic chemistry by Mr. Shipp, other officers, and myself.

AGRICULTURAL CHEMISTRY.

*Soils.*—A total of 328 samples was examined this year, compared with 579 last year. This reduction in numbers perhaps reflects the opinion held by most authorities that soil analysis in itself is of very limited value unless the chemical analysis of the soil is correlated with the results of scientifically-conducted field trials on various types of soil.

With this end in view, over the past three years some 150 samples of soil from trial areas conducted by officers of the Agronomy Division of the Department of Agriculture have been analysed. It is hoped in the near future to compare the analyses of these soils with observed responses to fertiliser treatment in the field trials and so place the scheme on a much sounder basis than formerly.

Further developments are the use of a standardised sampling procedure for taking soil samples, each sample to be accompanied by a form containing pertinent information regarding the soil type, fertiliser and cropping history of the area represented by the sample. A simplified system of reporting the results of analysis will be used. The levels of the nutrients calcium, potassium and phosphate in the soil sample under this system are reported as numbers, ranging in most cases from 0 to 20. The optimum value for any nutrient will vary on different soil types, and much investigational work remains to be done before these values can be interpreted in terms of recommended fertiliser applications for a specific crop in any locality.

*Plant Chemistry.*—Two hundred and eighty-four samples were examined in this section of the work this year. One hundred and fifty samples of apricot fruit and leaves were examined for potassium content in connection with the study of Brown Rot by Plant Pathologist and an officer of the Horticultural Division of the Department of Agriculture. Thirty-three samples of sub-clover and rye-grass were examined for the Agronomy Division in connection with investigation of the effects of potash dressings on pasture growth and eighty samples of various plants were examined for a variety of macro and micro plant nutrients in connection with diagnosis of deficiencies by the Plant Pathology Division.

*Animal Nutrition and Toxicological Analyses.*—One hundred and sixty-six specimens of blood and liver were examined for copper and cobalt content.

Seventy-nine specimens concerned with forty-nine cases of supposed and real poisoning of animals were examined, of which 12 were positive (lead 1, arsenic 5, strychnine 5, phosphorus 1).



*Fertilisers.*—Fifty-nine samples of fertilisers were examined, mainly in a survey carried out by the Fertilisers Board. Some assistance has been given to one of the makers of mixed fertilisers to enable him to obtain thorough mixing and so comply with the standards.

*Miscellaneous Agricultural Materials.*—Sixty-six samples of barley from trials conducted by the Agronomy Division and fifteen samples of wheat from shipments received by Tasmanian Grain Elevators from various mainland ports were examined for protein content.

Sixty-six samples of various feeds were examined. These included twenty-seven samples of dried grasses and legumes produced by a private farmer, twenty-three samples of various poultry foods submitted by a veterinary officer of the Department of Agriculture and seven samples of silage from the same source.

Only seven samples of fruits were submitted for examination this year for spray residues, compared with 402 last year. However, it is expected that the use of many new pesticides in the orchards and the possible health hazards associated with residues of these compounds on fruit will be reflected in increased activity in this branch of the work in future.

It can be seen that this laboratory provides a very balanced service to the various Divisions of the Agricultural Department, embracing many aspects of plant and animal nutrition.

WATER SAMPLES AND INVESTIGATIONS.

The number of samples of water submitted to the laboratory fell off considerably compared with previous years, doubtless because of the wet summer and consequent abundance of farm water supplies.

Analysis of the nature of the two hundred and ninety-two samples received discloses that seventy-four were from the Commonwealth Scientific and Industrial Research Organisation, mainly in connection with the establishment and study of fisheries; seventy-two from the Hydro-Electric Commission and State Government departments; fifty-seven from farmers and other members of the public (chiefly for suitability for stock, gardening and household purposes); and local authorities (35), Commonwealth Department of Works (34), and our own department (20) accounted for the remainder. In addition, sixteen samples of sewage, trade waste and drainage water were reported on.

As in previous years, a considerable amount of advice and assistance has been given to departments, local authorities and members of the public on the care and treatment of water. Periodical check tests for fluorine continue to be made for the Beaconsfield Council in connection with its fluoridation programme.

*Industrial Chemistry.*—Forty-five samples were examined in this connection, twenty-eight of them being in connection with investigations into the incidence of lead poisoning in a printing establishment, made in conjunction with a consultant doctor and the senior industrial welfare officer of the Department of Labour and Industry. The remainder were submitted for opinion regarding problems of usage, corrosion or damage.

*Goitre Investigation.*—This was continued during the year, working in conjunction with Dr. F. W. Clements, of the Institute of Child Health, Sydney. Mr. J. W. Wishart prepared a number of concentrated extracts from cows' milk, chou moellier and from the urine of cows, for testing in Sydney by the scintillometer method of measuring uptake of radioactive iodine in the thyroid gland. Some positive results indicating the presence of a goitrogen were obtained. Work is now being concentrated on the isolation of the goitrogen, and for this purpose Mr. Wishart has been transferred to work in the Department of Biochemistry in the University of Melbourne, where greater technical and consultative facilities are available.

*Other Activities.*—The Branch has supplied information and advice on a variety of subjects for Government departments and members of the public. I have attended meetings of the Food Standards Committee, the Fertilisers Stock Medicines and Pesticides Boards, and the Fluoridation Committee.

Lectures on aspects of forensic science, dealing with poisons, miscellaneous forensic materials, blood alcohol tests, and soils have been contributed to two courses of instruction to police detective officers by Messrs. M. H. R. Shipp, K. M. Stackhouse and myself.

*Staff, &c.*—Mr. J. H. Taylor, B.Sc., B.Sc.(Agric), A.R.A.C.I., resigned in January to take up an appointment with a large industrial combine. The loss will be severely felt. Mr. Warren Jones joined the staff early in the year as a junior technical assistant.

I wish to express my appreciation to all members of the staff for their valued co-operation during the year.

H. E. HILL, F.R.A.C.I., A.R.I.C.,  
Government Analyst and Chemist.

APPENDIX VI.

REPORT OF THE ACTING CHIEF HEALTH INSPECTOR FOR THE YEAR ENDED 30th JUNE, 1956.

I submit this report on the Health Inspection Section:

STAFF.

The vacancies created by the retirement in 1955 of Chief Inspector H. H. Parker and Senior Inspector W. J. Davies have not been filled to date, and this has resulted in a shortage of staff at headquarters.

Mr. A. Nicholas was appointed to perform health work in the Evandale Municipality after Mr. Orr's retirement, and Mr. M. Fenton's duties were extended to cover the Tasman Municipality.

SANITARY SURVEYS, SPECIAL AND FOLLOW-UP INSPECTIONS.

Each State health inspector carries out at least one sanitary survey and one follow-up or check survey of each municipality under his charge during each year. However, on account of the shortage of staff this has not been possible in the southern half of the State during the current year. Nevertheless, 736 more health inspections have been carried out during the year due to the easing of previous travelling restrictions.

In the course of these visits attention was given to such things as the quality of domestic water supplies, the disposal of nightsoil, garbage and drainage, sites for the proposed installation of septic tanks, infectious diseases, housing conditions, and sanitation at schools, halls, tourist resorts, recreation grounds, reserves and beaches.

When necessary, local authorities were advised of matters requiring attention or improvement, and later follow-up inspections were made to ascertain if these had been done.

Details of the inspections (excluding those carried out by part-time inspectors in municipalities in which the Department undertakes health services by agreement) are:—

	No. of inspections.	Matters requiring attention.
Aerodromes	8	...
Bakehouses	178	55
Butchers' shops	332	95
Chemists' shops	5	...
Dairying premises and milk depots	52	6
Disinfections and fumigations	18	...
Domestic inspections	38	20
Drainage	123	44
Food premises (includes eating houses)	716	70
Fruit processing factories	3	...
Garbage tips and sites	64	7
Guest houses	51	10
Hairdressing establishments	10	...
Hospitals, inspections of utensils	7	...
Land subdivisions	15	5
Licensed premises	173	45
Miscellaneous	61	...
Mutton bird premises	337	83
Offensive trades	260	82
Pickers' huts	15	...
Places of public entertainment	209	50
Reserves, beaches, show and recreation grounds	173	28
Saleyards	27	4
Sanitary depots and services	46	8
Scallop sheds	14	10
Schools	161	30
Septic tank sewerage schemes	2	...
Septic tanks, including plans and sites	2809	111
Spirit (alcoholic tests)	851	2
Sewerage schemes	6	...
Stables	2	...
Surveys for drainage schemes	6	...
Water supplies	29	...
Totals	6801	765
Last year	6065	770



Ninety-three orders were served under the Public Health, the Food and Drugs and the Places of Public Entertainment Acts, and all were complied with without recourse to legal proceedings.

Two owners of licensed premises were prosecuted for selling adulterated spirits; one case was dismissed, but the other was successful, a fine of five pounds and costs being imposed.

A butcher was prosecuted for keeping swine on premises not conforming to the Offensive Trades regulations under the Public Health Act 1935. He was fined fifteen pounds.

A liaison has now been established between the Department and the Licensing Court, and State health inspectors, in company with Licensing Court inspectors, inspect all licensed premises throughout the State. Under this arrangement the licence for an hotel is granted only after the issue of a health certificate by the Department. In this connection two officers of the Licensing Court were gazetted as officers under the Food and Drugs Act 1910.

A similar arrangement is in operation between the Department and the Tourist Bureau, whereby all tourist guest houses are inspected by State health inspectors under the authority of the Guest House Board (*vide* Regulation No. 14 (2) of the Guest Houses Registration Regulations 1954).

#### HEALTH INSPECTORS.

There is an acute shortage of health inspectors throughout the British Commonwealth, and the position in Tasmania is most unsatisfactory. At present there are 25 qualified inspectors in this State, 19 municipalities employ unqualified men as inspectors, whilst in eight municipalities the Council Clerk also acts as health inspector.

Unfortunately, no improvement of this position is in sight.

Young qualified men find more attractive and lucrative positions on the mainland. Although 13 men qualified at the two examinations held during the last five years, and one came from Victoria, the total of resident qualified inspectors rose by only one during this period. Fifteen to twenty years ago there were 30 qualified inspectors in this State.

During the next four years seven qualified inspectors will retire.

There were no examinations under the auspices of the Royal Society for the Promotion of Health (formerly the Royal Sanitary Institute) during the year, but one may be held in 1956 for candidates who failed in the last examination. Classes for students in health inspection and sanitary science are held twice weekly at the Hobart Technical College.

#### DRAINAGE.

Insufficient provision for the disposal of household drainage in unsewered areas constitutes a major problem, and quite a large percentage of health inspectors' time is spent in investigating drainage complaints and in advising on ways and means to abate the nuisances arising from bad drainage.

During the past year drainage investigations and complaints increased from 79 to 123, mainly due to the abnormally wet season throughout the State.

As building land becomes scarce, many dwellings are being erected on small blocks unsuitable for drainage absorption, so that in spite of French drains, sullage water makes its way either into earthen table drains where it lies stagnant, or into concrete storm-water channels, where quite often poor distribution creates a nuisance.

In many cases the drainage from these blocks overflows on to neighbouring properties, bringing a spate of fresh complaints. Everything possible is being done by the Department to encourage groups of householders to participate in party drainage schemes, in which several share the cost of a common drainage scheme to take sullage water and septic tank effluent to an approved point, from where it is piped to the nearest tidal water or polluted stream.

There are quite a number of these party drainage schemes in operation, in course of construction, or in the planning stage, and in no case so far has the individual cost to a householder been in excess of £25, which is the cost of an ordinary French drain.

#### SEPTIC TANKS.

Applications for the installation of 1,539 septic tanks were received and attended to during the year, which is an increase of 120 over the previous year's record. Two hundred and forty-six were for the Municipality of Clarence, out of which 29 were disallowed.

It is of interest to report that since 1936 (twenty years ago), 13,727 septic tanks have been installed throughout the State. This number is sufficient to accommodate two-thirds of the present population.

This convenient method of nightsoil disposal is very popular with new home builders, and Departmental officers are kept very busy giving advice and assistance to people who wish to instal septic tanks. However, in some districts the demand is increasing to such an extent that the Department is compelled to refuse new installations because saturation point has been reached and the effluent of previously-installed tanks creates nuisances. Section 36 of the Public Health Act 1935 has been repealed and replaced by new sections 36 and 36A, which give the Department a better control of septic tanks.

Certain areas are regarded by the Department as more or less forbidden for the installation of septic tanks. These include places like parts of Lindisfarne and Howrah in Clarence; Springfield in Glenorchy; parts of Currie on King Island, and a number of other places. This does not mean that the residents of these places have to participate in the pan collection service, but they are encouraged to enter into party drainage schemes.

Provision has now been made under section 59 of the Sewers and Drains Act 1954 for municipalities to have certain suitable areas declared as Septic Tank Districts, and the Municipalities of Kentish (Railton), Oatlands, and Deloraine have availed themselves of this to eliminate the obnoxious sanitary pan collection service.

Eight hundred and sixty-five septic tanks were licensed during the year, and at present more than 2,364 tanks await final inspection. Applications for forty-five septic tanks were rejected during the year for various reasons.

#### FOOD AND DRUGS.

Three hundred and eighty-six samples of food, including 287 of milks and 11 of ice-cream, were purchased for analysis by the Government Analyst. Of this number, 42 milks were found to be below standard. Sixteen producers were issued with warnings in respect of below-standard milk, and copies of the warnings were sent to the Agricultural Department so that they could investigate the producer's methods and suggest, if possible, any way in which recurrence of poor-quality milk could be avoided.

Sampling of milk for analysis by the Government Analyst is carried out weekly, and milk depots are inspected at the same time.

The following food was seized and condemned as being prohibited articles, or as being unfit for human consumption:—

Sheep casings	224 lbs.
Tea	25½ lbs.
Prunes and rice	13 tins
Gin	2 bottles
Mutton birds	35
Mixed foodstuffs (mostly in tins)	303

Regular inspections of eating houses were carried out as a check on any breaches of the Regulations under the Food and Drugs Act, and it is noticeable that only in a very small percentage of cases was it necessary to serve requisitions.

Special attention was given to butchers' shops during the year, and 95 of these fell short of the Department's requirements. A survey of this class of premises was carried out in Hobart and Launceston, and all butchers' shops in Hobart were found to be of very high standard. Those in Launceston, however, left much to be desired. No complaints were received during the year that butchers wrap meat in newspapers, as there had been in the past.

Slaughterhouses throughout the State were inspected regularly, special attention being given to facilities for the boiling of offal for feeding swine. Eighty-two requisitions were served on slaughtermen during the year for failing to maintain their premises in a satisfactory condition.

The present system of having hundreds of private slaughterhouses throughout the State is most unsatisfactory, some municipalities having as many as five to ten, an appreciable percentage of which are sub-standard. In any case, private slaughterhouses are objectionable, partly because most of them are apt to become a nuisance, but mainly because of the hindrance they offer to the efficient inspection of meat.

Public abattoirs are an essential part of any really efficient system of meat inspection. They should replace private slaughterhouses, since they possess superior sanitation, better facilities for the slaughter of animals in a humane manner, and digestors for the disposal of rejected meat and offal.



There are at the present four centres where meat inspection is being carried out in a satisfactory manner. They are the Derwent Park Abattoirs in Glenorchy, the Killafaddy Abattoirs in Launceston, and the abattoirs at Somerset and Devonport. If four meat areas were to be declared for the purpose of carrying out meat inspection and each area were to have a radius of 30 miles, then 29 municipalities would be in a position to avail themselves of this service. In fact the only parts of Tasmania that would not be served would be the east and the west coasts, and parts of the midlands. The west coast could also be declared a meat area with its centre at Zeehan.

MUTTON BIRD INDUSTRY.

This seasonal industry was supervised by three Departmental inspectors. The 1956 season proved to be one of the most adverse on record, because of the abnormal weather experienced. Heavy rains fell after "egging" and further rains after "hatching", especially on Great Dog, Little Dog, and Little Green Islands. This resulted in fewer sheds being operated, a scarcity of birds, and birds being slightly smaller than usual. Many of the rookeries and tracks were littered with dead birds.

Throughout the season the new improved standard introduced in the 1955 season was maintained, and a new feature of this season's work was the introduction of the use of light aircraft, which enabled one of our Departmental inspectors to visit and supervise the packing of birds on the Western Islands. Landings were also made on West Beach, Babel Island.

Two more of the minimum standard design processing sheds originated by an officer of the Department were completed and put into operation during the season. The improvements completed during the last two seasons may be regarded as most satisfactory, and if the same policy is maintained the 1957 season should reveal the full results brought about by increased supervision.

Consideration should be given by the Department to the need for preparing specific regulations under the Food and Drugs Act for these bird processing sheds similar to those applying to other food premises. Furthermore, consideration should also be given to model by-laws to cover the birders' living quarters, similar to existing by-laws which govern pickers' and shearers' huts in the hop and shearing industries.

PLACES OF PUBLIC ENTERTAINMENT.

Two hundred and nine places of public entertainment were inspected during the year with the object of enforcing the regulations in respect of sanitary and seating accommodation, ventilation, overcrowding, fire appliances and general safety of the public. Out of this number, 50 places were found to be contravening regulations, and action was consequently taken to bring them up to standard.

Numerous plans of proposed halls with additions and alterations to existing buildings were examined by the committee which assists the Director of Public Health, and their reports aim at affording healthier conditions for the public. The members of the committee are to be commended on the valuable work performed in this respect.

CONCLUSION.

In conclusion I desire to thank the staff, council clerks and local health inspectors for their co-operation and assistance throughout the year.

W. WOLNIZER,

Acting Chief Health Inspector.

APPENDIX VII.

REPORT OF THE SCHOOL MEDICAL OFFICER  
FOR THE YEAR ENDED 30th JUNE, 1956.

During this year the School Medical Service was fully staffed for the first time since its inception. Some districts were visited by school medical officers for the first time in several years, and considerably more than half the school children in the State were examined.

Staff.

I was assisted in the southern schools by Dr. H. P. Morris, who came from England to take up a full-time position in August, 1955. Dr. Mary Young continued part-time work in Hobart, and Dr. Joyce Park again visited schools on the east coast.

In the north Dr. E. Tunbridge had help from Dr. K. Maxwell for some months, while Dr. J. B. Mackie and Dr. Mona Hatherley carried on the programme in the north-west.

There were very few changes on the nursing staff which is now adequate in most areas. An extra sister is urgently needed in the north where at present approximately 18,000 children are supervised by three school sisters.

Sister D. Goldsmith (formerly Barber) resigned in June, 1956, and has been replaced at Ulverstone by Sister H. Pearn. Sister M. Smithies joined the Hobart staff in August, 1955, during Sister Urquhart's sick leave, and has been retained.

Medical Examinations.

Medical examinations were carried out in 284 schools, 36,358 children being examined. This figure represents an increase of nearly 12,000 over the previous record year ending June, 1953. Approximately 40 per cent (14,525) of these children were notified as requiring treatment for dental and physical defects.

Statistical Details of Medical Examination.

Total number examined	36,358
Number defective	14,525
Number normal	21,833

Defects—

A. Dental	8,710
B. Physical	8,828

The relative incidence of physical defects discovered and notified to parents was as follows:—

Condition.	Number.
1. Orthopaedic—	
Posture	1,954
Flat feet and knock knees	1,214
Others	147
	3,315
2. Tonsils, adenoids and cervical glands	1,529
3. Nutrition—	
Underweight	454
Overweight	371
Anaemia	410
	1,235
4. Eye defects—	
Defective vision	778
Squint	218
Others	193
	1,189
5. Skin conditions	390
6. Goitre	228
7. Ear defects—	
Hearing	132
Others	80
	212
8. Lungs	98
9. Heart	73
10. Speech	58
11. Hernia	50
12. Mental stability	16
13. Others	435
Total	8,828

It is known that 2,382 of the children notified have already received dental treatment, while 2,137 of the physical defects have been corrected. In addition, 1,832 dental and 2,103 physical defects notified in the previous year have been treated.

The school medical examinations carried out by individual medical officers were as follows:—

	No. of schools.	Children examined.
Dr. Heather Gibson	49	8,524
Dr. H. P. Morris	76	6,928
Dr. J. B. Mackie	41	6,812
Dr. E. B. Tunbridge	38	6,119
Dr. Mona Hatherley	26	3,643
Dr. K. Maxwell	11	2,016
Dr. Mary Young	35	1,950
Dr. Joyce Park	7	311
Dr. Svoboda (G.M.O., King Island)	1	55
	284	36,358

Once more parents of entrant children were invited to attend the medical inspection. During the year 3,418 parents were interviewed by medical officers. It is felt that more use could be made of this opportunity for health education by arranging for parents of older children to attend the medical examination.



School Sisters.

All sisters have worked with enthusiasm to maintain their good relationship with teachers, parents and children. In the south it has been possible to re-allocate the schools to some extent so that each sister supervises approximately 4,000 children.

Sister Grice visited Flinders and King Islands, where she examined 526 children. It was gratifying to find that only 32 of these required dental treatment.

Sisters made 86,686 contacts with children and treated 3,849 minor casualties; 5,217 home visits were made.

Sunshine Home.

School sisters have recommended suitable children for a three weeks' holiday at the Sunshine Home, and Miss Young has again undertaken the clerical work and organisation connected with this.

Immunisation.

Immunisation against diphtheria and tetanus continued in city and country schools, where local authorities were assisted by school sisters.

Goitre Prophylaxis.

The distribution of potassium iodide tablets was again carried out in all schools.

Nutrition.

School sisters have assisted the Nutrition Officer in diet surveys in various schools. All have benefited from this experience and have found Miss Howeler most helpful in her approach to the nutrition problems of school children.

As in previous years I must acknowledge the co-operation of the staff of the School Dental Service, and of the Division of Mental Hygiene. Reports from the Commonwealth Acoustic Laboratory and the Tasmanian Society for the Care of Crippled Children have facilitated the follow-up of cases referred for treatment.

The interest and encouragement of the Director of Public Health has been appreciated by all medical officers and sisters who will gladly co-operate in any measure designed to improve the School Health Service.

H. B. GIBSON, M.B., B.S.,  
School Medical Officer.

APPENDIX VIII.

REPORT OF THE SCHOOL DENTAL SERVICE FOR THE YEAR ENDED 30th JUNE, 1956.

Administration.

The system of dividing the State into school dental districts and placing a dentist in each has now been in operation for over a year and has, on the whole, been successful in its primary aim of placing each dentist in a district within which he can plan his own work in such a way as to enable him to see each child about twice in three years. Some districts are still too big for the full achievement of this aim.

A statement of the districts, with the school enrolment in each, appears in the table below. It will be observed that the districts with the largest populations are those in which there is access, when necessary, to some form of dental treatment other than that provided by the school service; and that the more remote areas in which no alternative dental attention is available have been arranged in such a way that the school dentist has a smaller number of children to attend to.

It will be seen that the dental districts consist of three types:—

- (1) City clinics with two dentists each. Hobart serves a school population of 21,313, and Launceston a school population of 10,004.
- (2) Headquarters districts, in which one town serves as the obvious centre for the district, and the dentist divides his time between the schools in that town and those in the surrounding country.
- (3) Country districts, in which there is no obvious centre of population and the dentist travels continuously from school to school.

The tendency to consolidation in the Tasmanian school system has resulted in changes in the distribution of school population. A check of the enrolment figures has shown that out of 66,102 children, 48,196 (or 74 per cent) attend schools situated within ten miles of a dentist in private or other non-Government practice. (The state of children's teeth, as reported by school medical and dental officers, is ample evidence that the mere presence of a dental practice does not ensure that parents consult a dentist about their children.)

An indication of the extent to which children are brought into the main centres of population is also given by a check of children attending secondary schools in Devonport, which shows that 20 per cent come from homes outside the municipality. It is probable that even higher figures would be obtained in some other areas.

TASMANIAN SCHOOL DENTAL SERVICE—DISTRICTS.

Region	District	Type	Municipalities	Headquarters	School Enrolment	
					District	Region
Burnie .. ..	Circular Head	(b)	Circular Head, Wynyard .. ..	Smithton	3,385	—
	Burnie	(b)	Burnie, Waratah .. ..	Burnie	3,712	—
	Ulverstone	(b)	Ulverstone, Penquin .. ..	Ulverstone	2,580	—
	Devonport	(b)	Devonport, Latrobe, part of Kentish	Devonport	3,799	13,476
Hobart .. ..	Derwent Valley	(a)	Hamilton, New Norfolk .. ..	—	3,614	—
	Midlands	(a)	Bothwell, Ross, Oatlands, Green Ponds, Brighton, Richmond ..	—	2,027	—
	East Coast	(a)	Glamorgan, Spring Bay, Sorell, Tasman, part of Clarence .. ..	—	1,304	—
	South	(a)	Part of Kingborough, Huon, Cygnet, Esperance, Bruny .. ..	—	3,749	—
	West Coast	(b)	Strahan, Zeehan, Queenstown, Gormanston .. ..	Queenstown	1,738	—
	Hobart Metropolitan	(c)	Hobart, Glenorchy, parts of Clarence, Kingborough .. ..	Hobart	21,313	33,745
Launceston ..	Deloraine	(b)	Deloraine, part of Kentish ..	Deloraine	1,998	—
	Tamar	(b)	Westbury, parts of Beaconsfield, Longford, St. Leonards, Lilydale ..	Launceston	2,535	—
	Far North East	(b)	Scottsdale, Ringarooma, Portland ..	—	1,726	—
	North East	(a)	Campbell Town, Fingal, Evandale, parts of Longford .. ..	—	1,428	—
	Launceston Metropolitan	(c)	Launceston, parts of St. Leonards, Beaconsfield, Lilydale .. ..	Launceston	10,004	17,691

Types of Districts :

- (a) continuous travelling.
- (b) headquarters.
- (c) city districts.



Treatment.

Last year for the first time the number of fillings exceeded the number of extractions. This year there have been 20,179 more fillings than extractions, which indicates a ratio of nearly two to one, and shows that the amount of conservative work is still increasing.

Following are the figures for the year:—A total of 46,558 visits were paid to the clinics, comprising 16,857 new visits and 29,701 repeat visits.

Treatments afforded were as follows:—

X-ray treatments .....	107
Orthodontic treatments .....	62
Treatments .....	60,226
Fillings .....	43,035
Extractions .....	22,856
Cleaning .....	2,030
Total	128,316

Mobile Clinics.

Three of the original mobile clinics are in a very bad state of repair, and are no longer fit to be transported over rough country roads. It is hoped that sufficient funds will be available to enable replacements to be built.

Static Clinics.

It is obvious that there is much misunderstanding about static clinics. The provision of a surgery in a town like Scottsdale or Ulverstone will enable a dentist to divide his time between two centres in his district, instead of concentrating on one as at present. The present lack of more frequent attention to country children is largely due to the need for a dentist to complete a large school before moving his mobile clinic elsewhere.

Staff.

During the year five new dentists joined the service, and we had four resignations. It is still very difficult to get dentists to join the service for various reasons. If it is possible to keep the staff at its present level, arrangements can be made to afford school dentists a greater variety of work by seconding them to hospital clinics for short periods each year, thereby enabling them to maintain their professional knowledge in a wider field.

APPENDIX IX.

REPORT OF THE NUTRITION OFFICER FOR THE YEAR ENDED 30th June, 1956.

Nutrition continues to be an important consideration in every aspect of health and at all stages of life, for in its broadest sense it is essential to the growth, function, maintenance and repair of body cells.

In Tasmania today, prevention, control and treatment of many of the common infectious diseases are well in hand and the importance of good water supplies and sanitation is appreciated; this leaves nutrition as one of the most important environmental factors affecting health.

The aims of the Nutrition Services of the Department of Health continue to be the development and maintenance of sound nutrition education; the efforts of this education being based on specific and exact knowledge of the nutrition problems as they exist in the different areas in Tasmania.

Dietary Surveys.

Six more dietary surveys were conducted this year in the following schools:—Montello, Young Town, Flinders Island Area, St. Marys Area, Albueria Street and Ogilvie High, and the food intakes of the school children (boys and girls) were studied. A further evaluation of the eleven schools surveyed since 1955 shows that—

- (a) Needs for nutrition education are greater in the country areas than in the bigger cities.
- (b) Ready availability of one food does not always seem to guarantee an ample intake of that one particular food, but wide variety of foods and easy shopping conditions bring about a better total food intake.
- (c) Children in dairy farming districts do not drink more milk than children in city districts; the reverse seems to be true.

Research.

*Pregnancy toxæmia and its relationship to the fibre content of the diet of expectant mothers.*—A study is under way at the Royal Hobart Hospital with the purpose of establishing whether a significant difference of the fibre intake exists between the diet intakes of expectant mothers with toxæmia and a control group of expectant mothers. Diet histories have now been collected during twelve months and the results are being processed and will be published shortly.

Nutrition lectures are being given to all trainee child health sisters, trainee mothercraft nurses, trainee primary and secondary school teachers and trainee pre-school teachers. Refresher talks were held with all child health sisters and school medical sisters. Talks were given to parents and friends associations of pre-schools, primary schools, secondary schools and motherclubs of church groups.

Tasting tables were held on fruit juices and yeast products. Advice and assistance on diet, catering and equipment was given to several day and boarding schools.

J. F. HOWELER, Nutrition Officer.

APPENDIX X.

REPORT OF THE SUPERVISORY SISTER, CHILD HEALTH SERVICE, FOR THE YEAR ENDED 30th JUNE, 1956.

It is with pleasure I submit the following report on child health work in Tasmania for the year ended 30th June, 1956. Outdoor visits show a decrease of 2,923; this is, no doubt, due to shortage of staff. Indoor visits show an increase of 2,322.

Staff.

The staff position becomes more difficult each year, and changes in centres are inevitable. At the end of June there were 47 members on the staff; 39 full-time, eight part-time. Owing to shortage of trained staff, two mothercraft nurses were appointed to Hobart.

Centres.

There are 94 centres, including 10 travelling units. Changes are as follows:—

Don Road, Devonport—Closed on 17th May. Equipment, &c., transferred to Baptist Hall, Parker Street, and work commenced there on 24th May.

Fern Tree—Closed as from February, 1956. Staff unavailable.

New centres:—

Goodwood and West Ulverstone.

New buildings:—

Huonville—Officially opened November, 1955.

Launceston Central—Completed 29th March, 1956.

Goodwood—Work commenced there in April, 1956.

Somerset—Officially opened 3rd May, 1956.

Hobart Central—Officially opened 30th June, 1956.

Cars.

There are 10 Departmental Holden cars. Two new cars were provided during the year; one for Ulverstone and one to replace the Bedford utility at St. Marys. Mileage is paid to 17 members of the staff who are using their own cars for this work.

Infant Births and Mortality Rates.

	Number of Births	Infant Mortality Rate
1951 .....	7,357	26.6
1952 .....	7,916	21.7
1953 .....	7,736	22.9
1954 .....	7,700	23.9
1955 .....	8,089	23.4
Immunisations.—Triple Antigen:—		
Moonah Centre .....		1,075
Bellerive .....		507
Lindisfarne .....		437
Warrane .....		228
Huonville .....		40
Total .....		2,287

*Vaccinations.*—Moonah Centre—34. There was an increase of 967 immunisations and 10 vaccinations for the year.

*Mothercraft Lectures to School Girls.*—Lectures on mothercraft were given to senior girls from 43 schools. Of these students, 546 were granted certificates.

*Correspondence.*—Many mothers sought written advice on problems dealing with feeding and management.

*Pre-School Children.*—Iodide tablets are still given to children from the age of one year.

*Student Nurses.*—Twelve trainee nurses have completed their post-graduate course in child health. All were trained at the Mothercraft Home, and each student spent three weeks on district work. We have recommenced the work of observing and summing up the pre-school child. This is carried out at Lady Gowrie Centre.

*Mothercraft Nurses.*—Twenty-nine students completed their 12 months' course. Nineteen were from Calvary Hospital, and ten from the Mothercraft Home.

*Refresher Course.*—Sister Ransom spent two months in New Zealand observing the work of the Plunket Society. We would like to record our thanks to Karitane Products Society Ltd., and the Plunket Society, New Zealand, also



to the Public Health Department, for making this possible. Added stimulus is given to the work from refresher courses undertaken by the Child Health staff.

*Consulting Doctors.*—Dr. J. Millar, Hobart, and Dr. R. Wall, Launceston, continue to attend the Child Health Centres regularly. Their help and advice are greatly appreciated

*Voluntary Organisation.*—On behalf of the staff I would like to thank all committee members throughout the State for their help and co-operation. My thanks are due to the nursing staff and the members of the Public Health Department for their help at all times.

The following is a list of centres, showing the number of Child Health sisters employed at 30th June, 1956, together with country centres visited during the year:—

Centre and Out-Stations Visited by Sisters. Number of Sisters.

Hobart—	
South Hobart, Goodwood .....	2 sisters 1 mother-craft nurse
North Hobart—	
Lenah Valley, West Hobart, Mt. Stuart ..	3 sisters
Moonah—	
Brighton .....	2 sisters
Glenorchy—	
Claremont, Collinsvale .....	1 sister 1 mother-craft nurse
Sandy Bay—	
Dynnyrne, Taroonna, Kingston, Snug, Margate, Blackman's Bay .....	2 sisters (1 full-time 1 part-time)
Bellerive—	
Lindisfarne, Montagu Bay, Dunalley, Sorell, Warrane .....	2 sisters
Huonville—	
Geeveston, Cygnet, Dover, Ranelagh .....	2 sisters
New Norfolk—	
Norfolk North, Bushy Park, Lachlan, Maydena .....	1 sister
Launceston—	
Invermay, Newstead, Perth, Sandhill, Mowbray, Trevallyn, Longford, Evandale, Beaconsfield, George Town, King's Meadows .....	6 full-time sisters 1 part-time sister 1 mother-craft nurse
Deloraine—	
Westbury .....	1 sister
Smithton—	
Stanley, Irish Town, Forest, South Forest	1 sister
Wynyard—	
Boat Harbour, Somerset .....	1 sister
Burnie—	
Cocee, Wivenhoe, Upper Burnie, Highclere, Montello .....	2 full-time sisters 3 part-time sisters
Penguin .....	1 part-time sister
Ulverstone—	
West Ulverstone .....	1 full-time sister 1 part-time sister
Queenstown—	
Gormanston .....	1 sister
St. Marys—	
Fingal, Mathinna, Cornwall .....	1 sister
Devonport—	
Latrobe, Sheffield, Railton, East Devonport, Port Sorell, Parker Street .....	3 full-time sisters 1 part-time sister
Campbell Town—	
Ross .....	1 sister
Pre-Natal .....	2 sisters

*Travelling.*—Travelling clinics working from St. Marys, Ulverstone, Smithton, Burnie, Campbell Town, New Norfolk, Bellerive, Devonport, Huonville and Wynyard.

TASMANIAN CHILD HEALTH CENTRES

REPORT FOR YEAR 1st JULY, 1955 to 30th JUNE, 1956

Centre	ATTENDANCES AT CENTRES									
	New baby cases at centres	Individual babies at centres	Total visits to homes	Miscellaneous visits	Visits to expectant mothers	Subsequent visits	Visits to Individual new-born babies	Babies	Pre-School Children	Older Children
Total North..	2,851	9,630	46,311	2,436	1,037	39,565	3,273	50,536	8,745	1,841
Total South	2,753	8,718	33,753	525	2,411	28,080	2,737	48,266	7,738	869
Grand Totals	5,604	18,348	80,064	2,961	3,448	67,645	6,010	98,802	16,483	2,710
For Year 1955	5,276	16,930	82,987	590	3,472	73,291	5,634	105,377	15,188	2,732
Increase ..	328	1,418	—	2,371	—	—	376	—	1,295	—
Decrease	—	—	2,923	—	24	5,646	—	6,575	—	22
									Telephone Calls	Total
									2,586	70,979
									2,775	60,830
									5,361	131,809
									2,022	129,487
									3,339	2,322
									—	—

E. O. FOSTER, S.R.N.,  
Supervising Sister.



## APPENDIX XI.

REPORT OF THE MOTHERCRAFT HOME, NEW  
TOWN, FOR THE YEAR ENDED  
30th JUNE, 1956.

Forty mothers with their infants (including two sets of twins) were admitted for the overcoming of breast-feeding difficulties. Seventy-two artificially fed infants (including two sets of twins) were admitted for investigation of various problems and establishment of suitable feeding.

One death occurred, an infant suffering from fibro-cystic disease, and several sick babies transferred to the Children's Hospital for further investigation and medical treatment.

Only three premature infants were nursed here during the year, but a considerable number of babies were in a semi-premature stage, giving good experience for the students in this type of problem.

We had ten post-graduate students in the first term of the year, only three in the second, and none in the third term. A temporary dearth of these students has served to emphasise the need for a training school if our Child Health clinics are to be kept staffed.

We are hopeful that our lowest ebb has been reached, for we have seven post-graduates at present in training. The October class is almost fully booked, whilst we have a number of bookings already in hand for next year's classes, besides numerous enquiries regarding training.

Fortunately, mothercraft students were available and these were temporarily increased to fourteen. We are unable to take any interstate students in this group as Tasmanian applications exceeded vacancies available.

Trained staff was difficult to procure. During one term only the full staff of four sisters was available. During this time I availed myself, with official permission, of the opportunity to use my Florence Nightingale Bursary, enabling me to make a study tour in New Zealand observing present trends in maternal and child health care.

I spent a very satisfactory ten weeks in the Dominion, where I was shown courtesy, hospitality and opportunities for studying any angles of the work I wished. I returned refreshed in every way, and feeling that I had a good deal to offer my students in improved presentation of our ideals and objects—helping the mothers to keep themselves and their families in optimum health, and especially to promote the successful breast-feeding of their babies.

I am most fortunate in having procured the services on a temporary basis of one of the staff sisters from the Dunedin Post-graduate Karitane, which is helping to consolidate the value of my observations in the Dominion.

All but one of the domestic staff again qualified for annual recreational leave. The handyman has been here eleven years, the cook six and a half years, and others varying lesser lengths of time.

Shortage of students and of staff sisters was somewhat compensated for by the fact that it made available funds for desperately-needed replacements and renovations. The kitchen is now a pleasant place with its fresh paint, new sinks, stove and toaster. Several other rooms have been painted and the Child Health students' lounge-study is now a pleasant room with its renovations and replacements.

The cooking facilities in the babies' milk room are now among our least satisfactory equipment, and I trust that a solution can be found to this problem in the coming year.

Recently we have discovered that insurance benefits are being refused our mothers who are admitted for the overcoming of breast-feeding difficulties. Many inquiries are made, but when it is known that insurance benefits are not available, even though we charge hospital fees, mothers wean their babies in preference to incurring the expense involved.

Our chief aim is to help the mothers successfully breast-feed their babies, and it is very distressing to us to feel that we are not able to carry out this work as we would wish.

*Training of Students.*—To offset less experience being available in the home since the inception of payment of hospital fees, post-graduate students are now spending four weeks instead of three in the Child Health clinics, and all students will now spend a week of observation at the Lady Gowrie Pre-School Centre.

Psychology lectures have been increased to six in each term, with nutrition lectures still at eight. It is considered desirable, from the viewpoint of lectures and of students, that the course should be extended from four to six months giving two instead of three courses of lectures annually.

Our thanks are due to several kind friends for the knitting of babies' vests for which we are very grateful.

We tender our sincere thanks to Dr. John Millar and Dr. N. Newman for their untiring service to our babies, and for the lectures to the students; to Miss Howeler for the nutrition lectures and Miss Martin for the psychology lectures during the year.

E. M. LOCKE, Matron.



Section III—Report of the Division of Tuberculosis for the Year Ended 30th June, 1956

During the year ended 30th June, 1956, a total of 205 new cases were notified to the Tuberculosis Division.

This figure shows an increase of 16 or approximately eight per cent on the previous year.

The cases are classified as under:—

Primary tuberculosis .....	3
Pleural Effusion .....	7
Pulmonary tuberculosis .....	170
Tuberculous meningitis .....	4
Other non-pulmonary tuberculosis .....	21
Total .....	205

There were 25 ex-service personnel eligible for treatment through the Repatriation Department.

Table M1 below shows the notifications recorded during the past six years.

TABLE M1.

Year Ended	Total	Pulm.	Per Cent of Total	Non-Pulm.	Per Cent of Total
30.6.51 .....	236	210	88.9	26	11.1
30.6.52 .....	198	169	85.4	29	14.6
30.6.53 .....	216	185	85.6	31	14.4
30.6.54 .....	203	164	81.2	39	18.8
30.6.55 .....	189	152	80.4	37	19.6
30.6.56 .....	205	180	87.8	25	12.2

During the years 1951 to 1955 the proportion of pulmonary cases had shown a slight downward trend as compared with non-pulmonary cases. This year, however, the percentage of pulmonary cases has increased.

It is felt that the unabated vigour of the mass X-ray campaign as a case-finding medium has resulted in more pulmonary cases being brought under notice.

It is not possible at present to be certain whether the greater number of pulmonary cases discovered this year indicates a trend in an adverse direction or whether it is an isolated occurrence.

It has been a common finding in all states and countries employing mass X-ray surveys that on commencing such surveys there is an immediate up-surge in the number of cases discovered, followed by a period of years, rather greater than might be expected, in which the number so discovered remains relatively stationary.

Following this period again the number discovered annually shows a slight decrease, and it is at this stage of the campaign that the figures

in this State have shown a tendency in the reverse direction.

It is difficult to find other states or countries with which a comparison might be possible, as most others are only now optimistically contemplating the period during which the numbers discovered are falling slightly and are employed in making what may yet be proved to be over-optimistic prognostications.

TABLE M2.

Age group of notified cases.

Age group.	No. of cases.	Percentage.
Under 15 years .....	10	4.9
15 to 24 years .....	49	23.9
25 to 34 years .....	41	20.0
35 to 44 years .....	27	13.2
45 to 54 years .....	32	15.6
55 to 64 years .....	20	9.7
65 to 70 years .....	11	5.4
Over 70 years .....	15	7.3

Notifications in the age group 15 to 24 years show an increase of approximately five per cent on last year's figure and the over 65 years group still represents approximately 12 per cent of cases notified.

For many years figures similar to those given in the table above were not dissected after 55 years of age, but the present trend resulted in a 55 to 64 group being established last year, and it has been thought advantageous this year to introduce a further separate grouping of those aged between 65 and 70 years, leaving the final group—quite an extensive one, however—showing as “over 70 years”.

There have been many suggested reasons for the increased incidence of tuberculosis among the higher age groups, including more active case finding methods, but it is considered that reasons quite as valid as most are to be found in the stresses of present-day living as it affects older people.

There is no doubt that difficulties of housing, food and finance are now among the chief anxieties of old age and that these anxieties are greater now than previously and show signs of becoming even greater.

The more experience one gains of the relapses of tuberculosis as an illness, the more one is conscious of anxiety being associated with these relapses.

TABLE M3.

Showing age, sex, form and stage of disease.

Age Group.	Males.					Females.					Total Persons				
	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.
Under 15 ..	3	1	1	2	7	2	1	....	....	3	5	2	1	2	10
15 to 24 ....	9	10	2	1	22	11	7	2	5	25	20	17	4	6	47
25 to 34 ....	13	11	2	2	28	5	8	2	2	17	18	19	4	4	45
35 to 44 ....	3	7	1	1	12	2	5	2	4	13	5	12	3	5	25
45 to 54 ....	6	15	2	2	25	2	4	....	1	7	8	19	2	3	32
55 to 65 ....	1	10	2	1	14	....	4	....	4	8	1	14	2	5	22
Over 65 ....	....	12	4	....	16	3	3	2	....	8	3	15	6	....	24
Totals ....	35	66	14	9	124	25	32	8	16	81	60	98	22	25	205



Among the 24 cases in the “over 65 years” group, six were quoted as advanced cases, or 27.2 per cent of all advanced cases notified.

TABLE M4.  
*Showing stage of disease at time of notification.*

	Minimal	Moderately Advanced	Advanced	Total
1951-52	51=30.2%	95=56.2%	23=13.6%	169
1952-53	62=33.5%	98=53.0%	25=13.5%	185
1953-54	52=31.7%	90=54.9%	22=13.4%	164
1954-55	52=34.2%	83=54.6%	17=11.2%	152
1955-56	60=33.3%	98=54.4%	22=12.2%	180

There is a very slight increase of advanced cases in comparison with the previous year, but the figure is still below that of the years 1951-54.

*Sex of notified cases.*

Figures show that there is still a slight increase of male notifications, but it is important to note that in the case of persons aged 45 and over there were 55 male cases as against 23 female cases in the same age group.

These findings emphasise a world-wide phenomenon.

*Male notifications.*

1951-52	60.1%
1952-53	54.6%
1953-54	52.0%
1954-55	56.6%
1955-56	60.5%

*Marital status.*

Married persons	116
Single persons	69
Widow or widower	14
Separated persons	5
Divorced persons	1
	205

*Source of notification.*

Private physicians	23
Chest clinics	26
Government medical officers	3
Public hospitals	61
Mass X-ray survey	92
	205

The total of 92 cases discovered by means of mass X-ray surveys represents approximately 51 per cent of the pulmonary cases notified.

Once again the mass X-ray survey has been responsible for much of the case finding work in the State and it now constitutes the means by which the majority of cases of pulmonary tuberculosis is discovered, as the 92 cases referred to above constitute 51 per cent of the pulmonary cases.

This 51 per cent represents an increase from 45 per cent last year and 32 per cent three years ago.

Table M5 shows the number of cases notified each month from the various municipalities within the State.

*Tests for tubercle bacilli at time of notification.*

Information given at time of notification shows that in 75 cases a positive result had been obtained, 39 were stated to be negative but further tests were pending. In 66 cases no information as to sputum test was given and notification resulted from radiological and clinical evidence. A family history was known in 62 instances.

*Disposal of cases.*

Information given shows that of the 180 pulmonary cases 156 were considered to require chest hospital treatment. Hospitalisation was effected in 142 cases as under:—

Tasmanian Chest Hospital	79
Northern Chest Hospital	41
Repatriation Hospital	22
	142

Admission of seven cases was pending at the end of the year, five of which have since been admitted. Three cases were still under treatment in other public hospitals. Two cases were later not considered to require hospitalisation. One patient died before admission and one patient refused hospital treatment.

*Occupations of new cases.*

As in previous years the occupations of persons notified were many and varied, and do not suggest any particular industry as an occupational hazard in this State.

*Deaths during the year.*

Advices received from the Registrar-General's Department show that 38 deaths were recorded where the death certificate indicated tuberculosis as the cause or a contributory cause of death.

Eleven of the cases recorded had not previously been notified to this Division as tuberculosis sufferers. In 16 cases the deceased persons were over 70 years of age. Fifteen of the deaths occurred among patients undergoing institutional treatment, and nine deaths were recorded among cases notified during the year.



TABLE M5.  
1955-56.

Municipality.	July	August	September	October	November	December	January	February	March	April	May	June	Total.
Beaconsfield ..	...	...	...	...	...	...	...	...	1	1	...	...	2
Bothwell ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Brighton ..	...	...	...	1	...	...	...	...	...	...	...	...	1
Bruny ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Burnie ..	...	...	1	1	2	1	...	3	3	1	2	...	14
Campbell Town ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Circular Head ..	...	1	3	...	4	...	...	1	...	...	...	...	9
Clarence ..	1	...	1	...	...	...	1	...	1	2	...	...	6
Deloraine ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Devonport ..	...	...	...	...	...	...	...	1	...	...	...	1	2
Esperance ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Evandale ..	1	...	...	...	...	1	...	...	...	...	...	...	2
Fingal ..	...	...	...	...	...	...	...	1	...	...	...	...	1
Flinders ..	...	...	...	...	...	...	...	...	...	...	...	...	...
George Town ..	...	...	...	...	...	...	...	...	...	...	1	...	1
Glamorgan ..	...	...	...	...	...	...	...	...	...	...	...	3	3
Glenorchy ..	3	2	2	3	1	2	3	1	1	...	2	...	20
Gormanston ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Green Ponds ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamilton ..	...	...	...	...	1	1	...	...	...	...	...	...	2
Hobart ..	1	6	2	4	...	6	5	2	7	2	3	7	45
Huon ..	...	...	1	...	1	1	...	...	...	...	1	...	4
Kentish ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Kingborough ..	...	...	...	...	...	...	...	1	...	...	...	...	1
King Island ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Latrobe ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Launceston ..	3	2	...	4	3	2	3	2	4	4	5	7	39
Lilydale ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Longford ..	...	...	...	...	1	1	...	...	...	...	...	...	2
New Norfolk ..	2	...	...	...	1	1	4	1	2	...	1	...	12
Oatlands ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Penguin ..	1	2	...	1	...	...	...	...	...	...	...	...	4
Port Cygnet ..	...	...	...	...	...	...	...	...	...	1	...	...	1
Portland ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Queenstown ..	...	...	...	...	...	...	3	1	...	1	...	...	5
Richmond ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Ringarooma ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Ross ..	...	...	...	...	...	1	...	...	...	...	...	...	1
Scottsdale ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Sorell ..	...	...	...	...	...	...	1	...	1	...	1	...	3
Spring Bay ..	...	...	...	...	...	...	...	...	...	...	...	1	1
St. Leonards ..	...	...	...	...	1	...	...	...	...	...	...	...	1
Strahan ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Table Cape (Wynyard) ..	...	2	...	...	...	...	1	1	1	1	...	1	7
Tasman ..	...	...	...	...	...	...	...	...	...	1	...	...	1
Ulverstone (Leven) ..	1	...	...	1	...	1	1	...	...	...	...	...	4
Waratah ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Westbury ..	...	...	...	...	...	...	...	...	...	...	...	1	1
Zeehan ..	1	1	...	...	...	...	2	1	4	1	...	...	10
Total Cases ..	14	16	10	15	15	18	24	16	25	15	16	21	205
Pulmonary ..	11	13	8	14	13	16	22	13	23	12	15	20	180
Non-Pulmon- ary ..	3	3	2	1	2	2	2	3	2	3	1	1	25

TABLE M6.

*Tuberculosis among migrants.*

*Deaths according to age group and sex.*

Age group.	Males.	Females.	Total.
Under 15 years ..	...	...	...
15-24 years ..	...	1	1
25-34 years ..	...	...	...
35-44 years ..	2	1	3
45-54 years ..	7	1	8
55-65 years ..	4	1	5
Over 65 years ..	15	6	21
	—	—	—
Total ..	28	10	38
	—	—	—

The number of persons in the over 65 years age group represents slightly more than 55 per cent of the total.

During the year 10 migrants were discovered to have tuberculosis, nine being of a pulmonary nature and one non-pulmonary. Their country of origin is given as:—England 3, Poland 3, France 1, Yugoslavia 1, Scotland 1, Malaya 1.

*Tuberculosis allowances.*

At the commencement of the year there were 210 persons receiving tuberculosis allowances in this State. During the year a further 160 claims were granted, and cancellations for various reasons amounted to 148, leaving a total of 222 allowances current at the end of the year—a nett gain of 12.



TABLE M7.

State Tuberculosis Register.

	Pulm.	Non-Pulm.	Repat.—Pulm. and Non-Pulm.	Total.
Registrations at 30.6.55 .....	1,532	254	468	2,254
Notifications, 1955-56 .....	155	25	25	205
Total, 30.6.56 .....	1,687	279	493	2,459
Taken off Register—deaths .....	19	1	5	25
	1,668	278	488	2,434
Diagnosis revoked .....	4	....	....	4
Nett Total, 30.6.56 .....	1,664	278	488	2,430

Pulmonary cases other than Repat.

Inactive Register .....	1,323
Active Register .....	321
	1,644

Active Register.

Active .....	207
Arrested .....	109
Undetermined .....	5
	321

In-patients Chest Hospitals at 30.6.56.

Tasmanian Chest Hospital .....	90
Northern Chest Hospital .....	44
	134

Includes one case of non-pulmonary T.B.

TASMANIAN CHEST HOSPITAL, NEW TOWN.

Maintenance Expenditure for Financial Year ended 30th June, 1956.

	£	s.	d.
Salaries and wages .....	54,255	12	4
Medicines and provisions .....	15,453	6	5
Domestic maintenance .....	5,207	4	9
Financial charges .....	112	17	2
Maintenance equipment .....	3,500	0	0
Maintenance buildings and grounds .....	1,686	0	0
Incidentals .....	642	14	2
Total .....	£80,857	14	10
Daily average cost per bed .....	£3	1	11
Total bed-days, 1955-56 .....	26,128		

Admissions, Discharges, Deaths.

	Males.	Females.	Total.
Patients in hospital, 1.7.55 ....	32	33	65
Patients returned from leave ....	....	2	2
Patients returned from R.H.H. ....	4	2	6
Patients admitted during year ....	88	56	144
Total Patients treated .....	124	93	217
Discharges, &c.—Regular discharge, 86; A.M.A., 2; left State, 2; to Repat. Hosp., 4; absconded, 3; diagnosis revoked, 1; to N.C. Hosp., 16; non-Pulmonary, 2 .....	63	53	116
Patients on leave, 30.6.56 ....	2	....	2
Patients at R.H.H. ....	3	2	5
Deaths .....	3	1	4
In hospital, 30.6.56 .....	53	37	90
Daily average number resident during year .....	43.6	30.6	74.2
Average length of residence of patients (regular) discharged .....	205.2	233.8	216.2
Average length of residence of patients (other) discharged .....	65.3	54.4	61.4

Stage of Disease on Admission.

Minimal .....	33
Moderately advanced .....	72
Advanced .....	23
Ex-Northern Chest Hospital .....	14
Non-pulmonary .....	2
	144

Clinical and Bacteriological Status on Discharge.

Inactive .....	5
Arrested .....	81
Active .....	....
Sputum negative .....	86
Sputum positive .....	....
Result not available .....	....

Treatments Carried Out.

Lobectomy .....	35
Thoracoplasty .....	16
Pneumonectomy .....	2
Plombage .....	1
Phrenic Crush .....	1
Bronchoscopic Examination .....	5

Pathology—

B.S.R. ....	550
Gastric Lavage .....	64
Gastric Culture .....	127
Sputum Tests .....	476
Sputum Concentration .....	138
Blood Count Total & Differential .....	39
Urine Tests .....	244
Pathological Dissections .....	32
Laryngeal Swabs .....	23
Urine Discharge Cultures .....	7

Radiography—

X-rays—Patients .....	750
X-rays—Staff .....	224
Tomography .....	90

Physiotherapy—

Patients undergoing physiotherapy during year .....	83
---	----

Dental—

Complete Dentures .....	59
Fillings .....	108
Extractions .....	52
Minor Treatment .....	146
Patients' Visits .....	411



GENERAL.

Accommodation.

During the second half of the year under review full use has been made of all available accommodation for patients. Two chalets (23 beds) previously occupied by female patients were classified as uninhabitable by officers of the Public Works Department, leaving the Tasmanian Chest Hospital with a bed capacity of 98 beds.

Patients.

As mentioned in the statistical report, the results of surgical chemotherapy and nursing treatments carried out show a highly satisfactory result. In spite of a strict vigilance by the staff, the consumption of alcohol by the chronic alcoholic patient remains a troublesome factor in hospital discipline.

Physiotherapy.

All pre- and post-operative cases have undergone an extensive physiotherapy treatment; a treatment which has proven most beneficial in their speedy recovery after thoracic surgery.

Occupational Therapy.

The majority of patients has taken advantage of this facility and Miss Margaret Davis, the handcraft officer-in-charge, is to be complimented on the way she has assisted the patients with their diversional activities.

Staff.

During the year Miss A. G. Luckie retired after 27 years' loyal nursing service to the hospital. Sub-matron Miss O. J. McIntosh was promoted to matron, and the senior sister, Miss B. Coates, to sub-matron. To these officers I offer my congratulations and thank them, and all the hospital staff, for their co-operation and assistance given me during the year. To Mr. M. C. Mann, the administrative superintendent, I extend my sincere appreciation for the excellent management of the hospital.

Auxiliary.

This committee has continued to assist in the welfare of the patients and we are most appreciative of the fine work and the amenities which they continue to provide for the patients.

Devotional.

Ministers of religion continue to pay attendance on the patients within the hospital, and devotional services are regularly conducted.

Surgical Clinic.

The scope of the surgical clinics has been widened by the attendance of the medical superintendent and the senior medical officer of the Repatriation Hospital.

Dental.

The dental officer of the Public Health Division continues to pay weekly visits to the hospital, and his services are greatly appreciated by the patients.

Visiting Specialists.

During the year various medical specialists rendered specialised treatments to the patients requiring same.

NORTHERN CHEST HOSPITAL, EVANDALE.

Maintenance Expenditure for Financial Year ended 30th June, 1956.

	£	s.	d.
Salaries and wages .....	29,531	4	11
Medicines and provisions .....	10,850	17	4
Domestic maintenance .....	4,027	5	5
Financial charges .....	71	7	0
Maintenance equipment .....	1,999	7	4
Maintenance buildings and grounds .....	2,628	0	10
Incidentals .....	1,428	17	10
Total .....	£50,537	0	8
Daily average cost per bed .....	£2	19	1
Total bed-days, 1955-56 .....	17,096		

Admissions, Re-Admissions, Discharges, and Deaths.

	Males.	Females.	Total.
Patients in hospital, 1.7.55 .....	18	21	39
Patients admitted during the year .....	48	35	83
Total patients treated .....	66	56	122
Patients discharged during the year .....	31	41	72
Deaths during the year .....	5	1	6
Patients remaining in hospital on 30.6.56 .....	30	14	44
Daily average number resident during the year .....	24.66	22.04	46.7
Average length of residence of patients discharged, days .....	188.9	188.5	188.7

Stage of Disease on Admission.

Minimal .....	11
Moderately advanced .....	28
Advanced .....	29
Ex-Surgical .....	13
Diagnosis revoked—non-pulmon. ..	2
	83

Clinical and Bacteriological Status on Discharge.

Inactive .....	4
Arrested .....	41
Active .....	27
Sputum negative .....	63
Sputum positive .....	7
Result not available .....	2

Treatments Carried Out.

Pathology—	
B.S.R. ....	45
Gastric Lavage .....	39
Sputum test .....	358
Blood count, total and differential .....	6
Urine tests; micro and cultural ....	4
Radiography—	
X-rays .....	447

Dental.

Arrangements have now been completed for a dentist from the Division of Public Health to make regular visits to the hospital, commencing July, 1956.

GENERAL.

This year the number of patients at 30th June has shown a slight increase from 39 last year to 44 this year, contrasting with the trend of the previous two years, which had shown a steady decline.

At present we have 46 patients, ten of whom can be classed as chronic and will need further hospitalisation, either permanently or intermittently, as long as they live. Thirteen patients have severe infections requiring more than six months' further treatment in hospital, and some of these will probably require surgery to achieve any degree of stability. The remaining twenty-



three patients should be fit for discharge within the next six months, and have a fair prospect of achieving stability with a further period of domiciliary chemotherapy and chest clinic surveillance.

Staff.

During this year we have been fortunate in obtaining the services of a handcraft officer in the person of Miss M. J. Oliver. This has supplied a much-needed want and has done a lot to add to the contentment and interest of our patients.

During the latter part of the year we have been fortunate in acquiring the services of two trained sisters, and this, with the re-appointment of Sister Tucker as sub-matron, has greatly relieved the acute shortage of trained staff that we have suffered in the past years.

Accommodation.

Accommodation has been improved with the completion of a new nurses' home. This has enabled all our nursing staff to be accommodated

under the one roof. The extensive alterations and improvements to our domestic quarters have also made these quarters much more satisfactory. Table M9. The new freeze-dried vaccine has b the installation of a ring main around the hos- pital has enabled an adequate fire fighting service to be instituted.

Amenities.

Amenities for the patients have been improved with the purchase of a building from the Red Cross Society.

Our auxiliary has completely furnished a room which is now used as a theatre where films for the patients are regularly shown.

As usual, our auxiliary is to be sincerely thanked for their fine efforts in providing addi- tional amenities for the patients throughout the year.

Chest Clinics.

Table M8 shows the work of the various chest clinics throughout the year.

TABLE M8.

EXAMINATIONS—	Hobart	Launceston	Devonport	Burnie
Notified cases commencing attendance ....	32	24	11	18
Cases referred from mass survey for investigation ...	140	42	19	10
Cases referred by private medical practitioners ....	70	22	31	22
Contacts registered at chest clinics ....	318	286	42	92
Total new cases registered ....	560	374	103	142
Total attendances ....	4,515	5,923	1,180	1,142
TREATMENT AND INVESTIGATIONS—				
X-ray examination, 17 x 14 ....	2,194	1,349	516	350
Miniature X-rays ....	1,238	....	....	....
Sputum tests ....	833	487	80	64
Gastric lavages ....	119	20	3	....
Mantoux tests ....	1,682	1,448	194	674
B.C.G. vaccinations ....	268	157	21	54
Blood sedimentation rates ....	31	185	35	39
Pneumoperitoneum refills ....	....	....	....	9
Domiciliary visits ....	626	483	137	230

B.C.G. Vaccination.

Statistics regarding B.C.G. vaccination carried out at the various Chest Clinics are given in Table M9. The new freeze-dried vaccine has been in use for the greater part of the year and has proved satisfactory.

TABLE M9.

Statement Showing Persons Receiving B.C.G. Vaccinations.

	Hobart	Launceston	Devonport and Burnie
Infants at special risk ....	22	....	....
CANTACTS AND NURSES—			
(i) Mantoux tested ....	953	461	170
(ii) Mantoux positive ....	617	126	68
(iii) Mantoux negative ....	312	335	102
(iv) Vaccinated ....	242	157	59
NATIONAL SERVICE TRAINEES—			
(i) Mantoux tested ....	1,220	....	....
(ii) Mantoux positive ....	244	(90 of these had B.C.G. previously)	
(iii) Mantoux negative ....	965	....	....
(iv) Vaccinated ....	951	....	....
(v) Mantoux positive after vaccination ....	838	....	....
(vi) Mantoux negative after vaccination ....	43	....	....
(vii) Not checked after vaccination ....	70	....	....



TABLE M10.  
Mass X-ray.

1. Total number of miniature films .....	119,460			
(a) Recalled for large film .....	3,867			
(b) Technical faults .....	1,222			
2. Total number of micro films .....	Hobart 45,010	Transportable 23,224	Mobile 51,226	Total 119,460
Total number of L.F. required .....	1,431	709	1,727	3,867
Total number of L.F. taken .....	1,561	760	2,054	4,375
(a) Normal .....	917	545	1,279	2,741
(b) Abnormal .....				
(i) Probably tuberculous .....	350	101	416	1,634
(ii) Probably non-tuberculous .....	251	97	305	
(iii) Cardiac .....	43	17	54	
(c) Referred for further investigation to				
(i) Chest Clinic .....	112	36	82	230
(ii) Private practitioner .....	141	38	265	474
3. Diagnosis made:				
(a) Active tuberculosis—				
(i) Minimal .....	12	2	14	92
(ii) Moderately advanced .....	25	10	19	
(iii) Far advanced .....	3	1	6	
(b) Inactive tuberculosis .....	156	49	136	341
(c) Still under observation .....	153	48	239	440
4. Other abnormalities discovered:				
Pneumonitis non-T.B. ....	20	4	14	38
Pneumothorax .....	.....	.....	.....	.....
Silicosis .....	.....	.....	5	5
Bronchiectasis .....	7	2	9	18
Bronchitis .....	6	.....	3	9
Emphysema .....	14	7	15	36
Bronchial carcinoma .....	1	.....	.....	1
Secondary carcinoma .....	2	.....	4	6
Sarcoidosis .....	2	.....	4	6
Cystic disease .....	1	.....	1	2
Atelectasis .....	4	1	.....	5
Hydatid .....	2	1	5	8
Diaphragmatic .....	9	3	13	25
Pleural thickening or adhesions .....	54	21	38	113
Thyroid .....	.....	1	8	9
Fibrosis? Cause .....	51	10	52	113
Calcification? Cause .....	13	6	22	41

TABLE M11.

Statement showing the number of persons X-rayed on the Hobart, Mobile No. 1, Mobile No. 2, Launceston and Royal Hobart Hospital X-ray units from the date of commencement until 30th June, 1956.

	Hobart X-ray Unit	Mobile No. 1 Unit	Mobile No. 2 Unit
1945 .....	11,955	.....	.....
1946 .....	11,484	11,153	.....
1947 .....	10,970	22,597	.....
1948 .....	13,221	23,295	.....
1949 .....	17,916	20,978	.....
1950 .....	22,377	16,482	.....
1951 .....	41,476	36,783	.....
1952 .....	43,646	37,351	.....
1953 .....	42,404	43,015	.....
1954 .....	38,875	45,762	5,162
1955 .....	36,158	42,337	3,132
1956 .....	36,107	39,621	11,605
	<u>326,589</u>	<u>339,374</u>	<u>19,899</u>
	Launceston X-ray Unit	Royal Hobart Hospital Unit	
1947 .....	1,592	.....	
1952 .....	16,952 (As Transportable)	.....	
1952 .....	3,716 (As Launceston)	.....	
1953 .....	25,873	.....	
1954 .....	22,071	3,359	
1955 .....	24,728	12,087	
1956 .....	23,224	8,903	
	<u>118,156</u>	<u>24,349</u>	

Hobart Unit's Combined Totals.

1954 .....	42,234
1955 .....	48,245
1956 .....	45,010

Total X-rayed Since Inception

Hobart .....	326,589
Mobile No. 1 .....	339,374
Mobile No. 2 .....	19,899
Launceston .....	118,156
R.H.H. ....	24,349
	<u>828,367</u>

Total X-rayed, 1955-56

Hobart .....	36,107
Mobile No. 1 .....	39,621
Mobile No. 2 .....	11,605
Launceston .....	23,224
R.H.H. ....	8,903
	<u>119,460</u>

General.

As stressed in my previous annual report, neither the death-rate nor the number of new cases occurring in any community can give complete information regarding the progress of any anti-tuberculosis measures.

At that time it was stressed that the best indication of the prevalence of tuberculosis infections in the community was the use of tuberculin surveys, and accordingly more attention has been paid to these surveys during the current year.

The results in one mining centre were frankly alarming, and serve as an indication for the very active measures which were applied to this community to eradicate the disease.



Figures from a farming community comparable in size are also available, and it is hoped that these latter figures give a more realistic indication of the extent of infections by the tubercle bacillus in the country areas of Tasmania.

It is hoped to enlarge the scope of these epidemiological surveys during the coming year, but it has been necessary for the past few months to stand aside somewhat in order that the anti-poliomyelitis vaccination campaign might proceed without hindrance.

It is well known that one of the factors which lessen the usefulness of the tuberculin surveys is the widespread use of B.C.G. vaccination, and here we find an important reason for making B.C.G. vaccination more selective in its application.

*Report of School Survey—Mining Centre.*

	No. Tested	No. Negative	No. Positive	Not Checked
New entry .. ..	90	62	22	6
Ordinary .. ..	251	185	62	4
Migrants .. ..	31	24	7	....
Total .. ..	372	271	91	10

The figures for the pre-school, which are included in the above, are:—

	No. Tested	No. Negative	No. Positive	Not Checked
	37	23	11	3

*Report of School Survey—Farming Centre.*

	No. Tested	No. Negative	No. Positive	Not Checked
New entry .. ..	50	49	....	1
Ordinary .. ..	147	139	5	3
Migrants .. ..	9	8	1	....
Total .. ..	206	196	6	4

*B.C.G. Vaccination.*

In accordance with the advice of the National Tuberculosis Advisory Council, B.C.G. vaccination in this State has been carried on in the past year on a more selective basis.

Although this policy brought some criticism from England during the past year, it is claimed that such a policy is the best in a community where the incidence of tuberculosis is small, and despite the belated enthusiasm for B.C.G. in England, it is still recommended that we follow the best North American technique in respect of this vaccination.

A most important supporter of this policy has arisen in Professor A. Wallgren of Stockholm, who until recently was a most ardent advocate of widespread B.C.G. vaccination among children, but who in a book published in May, 1955, advocates strongly that in a community where the rate of infection is low, B.C.G. vaccination should be confined to groups who are at substantial risk only.

*Rehabilitation.*

Again I would like to record my appreciation of the help given to the Division and the patients under its care by the Commonwealth Department of Social Services, Rehabilitation Branch.

*After-Care.*

The work of the Tasmanian Sanatoria After-Care Association in maintaining "Largo" as an after-care hostel for male patients has again been most praiseworthy.

As indicated in my previous report it is difficult to forecast the trends in this respect, and the difficulty has not become less during the current year.

*Provisions of the Tuberculosis Act.*

During the year two persons were brought before the Southern Tuberculosis Board with a view to compulsory segregation.

Both patients were committed to the Tasmanian Chest Hospital, but one fled to an unknown address on the mainland before the formalities were completed.

*Chronic Alcoholism.*

It has always been noted that the disease of alcoholism is a most frequent fellow-traveller of the disease of tuberculosis.

In the individual one seems to aggravate the other, and from the public health point of view it is no exaggeration to say that the irresponsible chronic alcoholic is one of the greatest menaces to the success of the anti-tuberculosis campaign.

Recommendations regarding locked wards as a means of protecting the community from the disease spread by these patients have not been acceptable in this State, although working with considerable success in at least two other Commonwealth States.

In an effort to minimise this menace, a recent census at the Tasmanian Chest Hospital showed that there were among the patients at that particular time some nine seriously addicted alcoholics and some half a dozen others who could be classed as occasional nuisances.

The degradation of these individuals is bad enough, but their presence as a group in any hospital serves to drive out the better patients and the better type of staff members.

An appeal was, therefore, made to the Director of Mental Hygiene that the latest measures known to that Division for treating the disease of chronic alcoholism be made available to this Division also, and the reply from the director of mental Hygiene is awaited.

*Staff.*

On the 9th January, 1956, Dr. L. A. F. Young, M.B., B.S. (Melbourne), M.R.C.P. (London), was appointed as senior medical officer of the Division, to replace Dr. W. J. E. Phillips who resigned in November, 1955.

With the resignation of Dr. J. S. Elliott from his office of medical superintendent, Northern Chest Hospital, it was found necessary to appoint Dr. R. W. Henning in a part-time capacity to that office.

To both these medical officers the thanks of the Division are due for their enthusiastic work during a somewhat difficult period in the anti-tuberculosis work in this State.

Thanks are also due to the medical superintendent, Tasmanian Chest Hospital, to the matrons and nursing staff of the Tasmanian and Northern Chest Hospitals, as well as to the administrative staff of these hospitals.

The sisters of the Hobart, Launceston and Devonport chest clinics have carried on their excellent work throughout the current year, as have the administrative officer and his staff at the head office of the Division.

The Mass X-ray Survey Section has again completed a successful year, and the work of the part-time medical officers, Dr. Peter Braithwaite, Dr. T. H. Goddard, Dr. A. H. M. Oakes, Dr. F. Rose and Dr. I. Pearson has again been of the highest standard during the year.

JAMES TREMAYNE, M.B.(Syd.),  
M.R.A.C.P.  
*Director of Tuberculosis.*



## Section IV.—Report of the Division of Mental Hygiene for the Year Ended 30th June, 1956

### *Accommodation.*

Progress in rebuilding the Lachlan Park Hospital has been disappointing. It has not been possible to occupy the new store, kitchen, laundry, artisans' shops, boiler house and the new infirmary ward, all of which were reported to be practically complete in last year's report. Serious difficulties have arisen with regard to the functioning of the power plant.

One additional ward is under way.

The accommodation of the Division of Mental Hygiene is grossly congested, a passageway being used as an office and an unprotected verandah is used as a waiting room. However, relief is in sight in the shape of further accommodation which is to be made available shortly.

### *Staff.*

Shortages of medical staff have continued to hamper the work of giving effective treatment to patients at the Lachlan Park Hospital. At present there is a full complement of medical officers, but as only two of them have had psychiatric training, the position is far from satisfactory. This matter will be referred to again below.

The number of trained psychiatric nurses on the male division is very satisfactory, but on the female division it is woefully inadequate. It is believed that one of the main factors is the lack of recreational facilities provided for nurses. Although the proposed new nurses' home was ready for the calling of tenders it was decided to postpone this in view of the urgent necessity of other construction, as the present nurses' home is adequate in size for its purpose.

At the Division of Mental Hygiene there have been several changes in the clerical staff, which have made for greater efficiency. The filing system has been re-organised by members of the staff working at week-ends. Because of the increasing volume of clinical work (including court referrals) the clerical staff have to work overtime at week-ends. Extra clerical assistance will be required in the near future.

A psychiatric social worker has been appointed from the United Kingdom and an additional psychiatrist and another psychiatric social worker should arrive from the United Kingdom in the near future. These new appointments will do much to remedy the very serious position which was reported a year ago. However, there have been no suitable applicants for the vacant position of psychologist. It is believed that this position will continue until very substantial increases are made in the salaries offered for psychologists.

The senior psychologist (Miss L. J. Martin) who has been with this Division for over ten years, is about to go on leave for over a year to study overseas. As she has acted not only as chief clinical psychologist, but also as chief administrative officer for the Division, her absence will further aggravate the present difficulties with relation to both clinical psychology and administration.

It is hoped that the arrival of an additional psychiatrist will enable the Division to provide a formal child guidance clinic in the near future.

Professional officers of the Division of Mental Hygiene continue to provide services to a number of general hospitals throughout the State, to the Ashley Home, to the Courts and Prisons Department, the State Psychological Clinic and Mental

Deficiency Board, and other Government Departments and agencies.

However, shortage of staff, together with greatly increased volume of work, have necessitated a reduction in the services provided outside the Hobart area. The north of the State is being almost wholly neglected except for Launceston. The regular visits by psychologists to the north-west have had to be abandoned.

A new activity has been the regular provision of lectures to child health nursing trainees on emotional problems of the mother and child.

Day-minding centres for mentally subnormal children have been established at Launceston and Burnie with advice from this Division and financial assistance from the Health Department.

### *The Talire Centre.*

This centre for the training of ineducable children continues its good work under the control of this Division. There are 28 children attending and there is a waiting list of 20.

### *Glenorchy Hostel.*

This hostel is being built by the Retarded Children's Welfare Association, but financial assistance by the Government has been arranged through this Division. The Director would like to take this opportunity of congratulating the Retarded Children's Welfare Association on the progress it has made towards achieving its aims in Tasmania.

During the period covered by the report the Director of Mental Hygiene had the opportunity of studying mental health organisations in Great Britain, Holland, Denmark and the United States.

Nowhere did he see a more comprehensive building programme than that planned for the Lachlan Park Hospital, but in most other respects the services provided in Tasmania compare very unfavourably with the best practice overseas.

It is believed that the following comparisons are necessary to underline what is lacking and what may be done to rectify the major shortcomings.

#### *A. Medical Staff.*

Good hospital buildings are necessary but the quality of treatment depends upon having a sufficient number of adequately qualified medical officers.

The Lachlan Park Hospital has a medical staff of four, only two of whom can be regarded as specialists in mental illness.

Hospitals of 800-1200 beds in the United Kingdom which were seen, generally had 12-14 full-time medical officers, including a number of consultants (the highest-paid specialists in the National Health Service). Mapperley Hospital, with 1100 beds, had six consultants at the time of my visit.

Figures for the better American mental hospitals were somewhat lower; e.g., Farnhurst State Hospital, with 1500 patients, has a staff of 15 doctors, but the medical superintendent considered that he was short of medical staff.

In the American hospitals the medical staff worked almost wholly within the hospital, but in the United Kingdom about half the working time of each doctor was spent in out-patient clinics, domiciliary visits, &c.

Abroad, mental hospitals psychiatry is no longer mainly custodial; all patients receive psychiatric attention in the better hospitals and personnel and facilities are available for research.

In Tasmania, with two psychiatrists for 800 patients, only the few can receive specialist attention.

#### *B. Nursing Staff.*

Overseas, conditions vary widely from hospital to hospital, but *all* hospitals visited had at least one nursing tutor and a properly organised school for trainee nurses. Most had two tutors.



At the Crichton Royal Hospital in the small town of Dumfries, in Scotland, two nurses (male and female) out of every three employed were qualified psychiatric nurses whilst one nurse in three had both general and psychiatric nursing certificates. At this hospital, of about a thousand beds, three nursing tutors were employed and many of the recruits to the nursing staff were general trained nurses, who were attracted by comparatively good pay and excellent working conditions.

C. Artisan Staff.

Hospitals visited had a much more adequate complement of painters, carpenters, bricklayers, &c., than is the case in Tasmania. Consequently much more could be done to renovate and modernise old buildings by the hospital staff than is possible here.

D. Non-Medical Specialists.

Great use was made of ancillary workers in the fields of psychology, psychiatric social work, occupational therapy, recreational therapy, art-classes, &c.

E. Recreational Facilities.

In most hospitals visited there were large libraries, under the control of a librarian, for the use of patients and staff. Cafeterias for the use of both patients and staff were usual.

Mention should be made that the best mental hospitals in Great Britain have few if any locked wards. This non-custodial type of hospital takes all cases of mental illness except criminals and mental defectives. Patients are willing to enter and remain in such hospitals voluntarily because much of the stigma vanishes when patients are free to come and go as in other hospitals.

Perhaps the most important development of all observed overseas is the integration of the mental hospital medical service into the general medical service. As mentioned above most mental hospital psychiatrists in Great Britain spend half their time working in out-patient clinics in general hospitals. Mental hospital psychiatry is no longer a specialty practised behind walls, but has come out to join the main stream of medicine. Until this can be achieved here fear bred of ignorance will be the dominant mental attitude of both medical men and the public in general to the Lachlan Park Hospital. This attitude has largely been overcome in many places, but only when confidence has been earned.

A full report on the Director's overseas visit is in the course of preparation and full comments and recommendations will be made in it in due course.

The Mental Deficiency Board.

During the year the institution now known as "Nelumie" was opened and it now houses 14 young women of the high-grade feeble-minded class, most of whom have employment in Launceston. There is a great need for a similar institution for males. At present great difficulty is experienced in obtaining suitable guardianship for a number of male defectives who could take their place as wage-earners in the community. Such an institution must be in a centre where there are opportunities for employment. The building of this hostel was approved several years ago but is continually postponed for lack of funds.

Plans are going forward for the re-drafting of the Mental Deficiency Act.

The State Psychological Clinic.

The approaching departure of the senior psychologist will still further weaken what is at present a deficient service. Otherwise last year's report is applicable and what follows is last year's report, verbatim:—

"The clinic continues to undertake all psychological examinations. There is still desperate need for more staff, and although the position has been created for another psychologist it has so far been impossible to fill it. Our other need is for suitable accommodation, particularly the provision of suitable testing and observation rooms. Since it has been impossible yet to form a proper child guidance clinic, the State psychological

clinic continues to do what little it can in this field. Students from the university continued to undertake part of their practical work under the supervision of the senior psychologist."

Attached are statistical tables and the reports of the medical superintendent of the Lachlan Park Hospital and of Millbrook Rise, and tables relating to those institutions.

J. R. V. FOXTON,  
Director of Mental Hygiene.

TABLE N1.

State Psychological Clinic.

Psychological Examinations.	
<i>Place of Examination</i>	<i>Number Examined</i>
Hobart ....	771
Launceston ....	110
Devon Hospital ....	5
Spencer Hospital ....	4
Burnie Hospital ....	32
Ashley Home ....	94
Others ....	5
Total Examinations ....	1,048
<hr/>	
Total Examinations in 1954-55 ....	795
Percentage increases over previous years, 31%.	

TABLE N2.

State Psychological Clinic.

New Cases Only.			
	Male	Female	Total
Ascertained to be mentally defective ... ..	59	38	97
Referrals by Courts and Ashley Home ... ..	70	14	84
Total number of new cases seen ... ..			374

TABLE N3.

Mental Deficiency Board.

Showing numbers of certified mental defectives under the control of the Board and how they are placed.

	Male	Female	Total
Government institutions for defectives ... ..	105	49	154
Other institutions ... ..	8	69	77
In the community—			
(a) Under guardianship ...	46	26	72
(b) Under supervision ...	2	...	2
Total under care ... ..	161	144	305

TABLE N4.

Psychiatric Social Work.

Number of cases on which work undertaken ... ..	297
Number of homes visited ... ..	136
Number of patients visited in institutions ... ..	33
Number of home visits ... ..	230
Number of other visits in connection with cases	114
Number of office interviews with patients, relatives and others ... ..	266
Number of other interviews, casework contacts, &c., with patients, relatives and others ... ..	480
Number of cases on which contact was made with outside agencies, individuals, &c. ... ..	174
Number of cases on which one or more relatives interviewed ... ..	172
Number of visits paid, interviews conducted, &c., outside Hobart ... ..	242



APPENDIX XII.  
REPORT OF LACHLAN PARK HOSPITAL FOR THE  
YEAR ENDED 30th JUNE, 1956.

General.

The overall number of patients remaining in hospital on the 30th June, 1956, has not materially altered from that ruling in 1955, see Table O4.

There has been a slight rise in the incidence of schizophrenia. This rise has been accounted for to a great extent by immigration from Europe to Tasmania. We have had a slightly greater incidence of aliens' paranoid psychosis over the past year. It is felt that possibly a better screening system of proposed migrants from middle Europe could be used than has been the case to date.

On the whole, according to Table O4, the figures are more or less in conformity with those of the previous year.

Accommodation.

By the constant efforts of the hospital artisan staff, the buildings of the present institution have been maintained in a reasonable state of repair, with a liberal application of paint both inside and outside over the past two or three years.

The new infirmary block has been recently completed and as soon as is practicable patients will be moved into it from either the male or the female divisions. A great deal remains to be done in the way of work in the grounds surrounding the now completed infirmary block.

Steam has been raised in the new power house, but whether or not the power house is functioning satisfactorily I am not in the position to say.

The new kitchen and laundry have been completed and considerable progress has been made in the laying out of roads within the new hospital area.

Staff accommodation in New Norfolk and in the hospital grounds remains acute owing to the housing shortage. However, we are receiving every possible assistance from the housing authorities in this respect.

Telephones.

The new P.A.B.X. system is, I understand, shortly to be installed and will replace a very out-of-date system which we have at present.

Food.

Under the direction of the Government Dietitian, Miss Shoobridge, the kitchen staff has been able to improve the standard of meals served to patients to a limited extent. Their resources are strained to the utmost.

The nett overall maintenance cost per head per day in 1952 was 18s. 10.97d. In 1956 the figure is 23s. 3.30d.

The consumption of expensive drugs from the pharmacy, for example Largactil, which costs £11 11s. per thousand tablets and which we have consumed during the month of June at the rate of 25,000 tablets, has to be paid for out of the communal fund for food and drugs. I might add here that the results of the Largactil tablets would appear to be somewhat beneficial in the management of patients.

This reduces the amount which can be expended on food. Further, the prices of foodstuffs have increased over the years. It is only by exercising great ingenuity among the kitchen staff that variety and quantity of food has been slightly better over the past year.

I personally consider that a figure of 20s. per week for food alone is completely inadequate in 1956 and would suggest a reasonable figure to be 30s. per head per week.

The Hospital Farm.

Now that the hospital has taken over Turriff Lodge as a dairy farm we hope to be able to produce more in the way of dairy produce. We have had a surplus of farm produce over the year which we hope to dispose of profitably during the present financial year.

The farm management is good and under the manager's jurisdiction we have accumulated a profit over the past year of £4,818.

Regarding the new dairy at Turriff Lodge, it is understood that work will begin on this during the coming week and this will fill a long-felt want in the production of dairy produce.

Staff.

At present we have on the hospital strength 38 fully-trained psychiatric male nurses, with 52 in training, leaving eight attendants who are exempt from examinations on account of their age. On the female side we have 13 psychiatrically-trained nurses with approximately two in training, leaving a majority of temporary employees, many of whom are married.

Patients' Health.

The health of the patients generally remains good and no serious outbreaks or epidemics have occurred over the past year.

In conclusion I would like to thank the Repatriation Department, Red Cross Society and hospital auxiliaries for the work they have done for the patients over the past year. The Hobart branch of the Lachlan Park Auxiliary I would like especially to thank for the strenuous efforts they have made to better the lot of patients confined to this institution.

D. M. ANDERSON,  
Medical Superintendent.

TABLE O1.

LACHLAN PARK HOSPITAL.

Table Showing Admissions, Re-Admissions, Discharges, and Deaths during the Year 1955-56.

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1955 .....	....	....	....	353	407	760
Admitted for first time .....	95	72	167	....	....	....
Re-Admitted .....	29	28	57	....	....	....
Returned from Trial Leave .....	61	61	122	....	....	....
Total Admitted and Returned .....	....	....	....	185	161	346
Total under care during year .....	....	....	....	538	568	1,106
Discharged from Hospital .....	59	29	88	....	....	....
Proceeded on Trial Leave .....	86	110	196	....	....	....
Died .....	15	41	56	....	....	....
Total off Records .....	....	....	...	160	180	340
Remaining in Hospital on 30.6.56 .....	....	....	...	378	388	766

TABLE O2.

LACHLAN PARK HOSPITAL.

Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1955-56.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1955 .....	....	....	....	81	80	161
Proceeding on Trial Leave during year .....	....	....	....	86	110	196
Total on Trial Leave during year .....	....	....	....	167	190	357
Returned to Hospital from Trial Leave during year .....	61	61	122	....	....	....
Discharged from Trial Leave during year .....	24	45	69	....	....	....
Died whilst on Trial Leave during year .....	1	....	1	....	....	....
Total Loss .....	....	....	....	86	106	192
Remaining on Trial Leave on 30.6.56 .....	....	....	....	81	84	165



TABLE O3.

LACHLAN PARK HOSPITAL.

Table Showing Manner in which Patients were Admitted During the Year 1955-56.

How Admitted	Males	Females	Total
Private Order .....	49	54	103
Justice's Order .....	11	5	16
Magistrate's Order .....	3	1	4
Voluntary Boarders .....	52	40	92
Governor's Warrant .....	1	....	1
Section 13—Mental Hospitals Act .....	1	....	1
Section 19—Mental Hospitals Act .....	1	....	1
Inebriates Hospital Act .....	6	....	6
Returned from Trial Leave .....	61	61	122
Total Admissions and Returns, 1955-56 ..	185	161	346
First Admission .....	95	72	167
Second Admission .....	16	11	27
Third Admission .....	3	6	9
Fourth Admission .....	3	2	5
Fifth Admission and Over .....	7	9	16
Returned from Trial Leave .....	61	61	122
	185	161	346

TABLE O4.

LACHLAN PARK HOSPITAL.

Table Showing Form of Mental Disorder on Admission During 1955-56, and the Form of Mental Disorder of Patients in Hospital on 30th June, 1956.

FORM OF MENTAL DISORDER	ADMISSIONS			REMAINING IN HOSPITAL		
	Males	Females	Total	Males	Females	Total
A. <i>Congenital Mental Deficiency</i> —						
1. With Epilepsy .....	2	4	6	26	18	44
2. Without Epilepsy .....	12	14	26	102	120	222
3. With Schizophrenia .....	5	1	6	24	12	36
B. <i>Dementias</i> —						
1. Senile .....	13	15	28	20	30	50
2. Pre-Senile .....	1	7	8	6	15	21
3. Secondary or Terminal .....	....	....	....	5	5	10
4. Arteriosclerosis .....	....	....	....	....	....	....
C. <i>Organic Psychosis</i> —						
1. Gross Brain Lesion .....	1	2	3	2	1	3
2. Dementia Paralytica .....	....	....	....	6	....	6
3. Epileptic Psychosis .....	1	6	7	5	13	18
4. Alcoholic Psychosis .....	26	2	28	10	4	14
5. Toxic, Confusional or Exhaustive Psychosis .....	3	....	3	3	3	6
6. Parkinsonism .....	....	....	....	1	....	1
7. Huntington's Chorea .....	4	1	5	2	1	3
D. <i>Psychogenic Psychosis</i> —						
1. Manic Depressive Psychosis .....	7	10	17	11	30	41
2. Involutional Melancholia .....	....	8	8	1	6	7
3. Schizophrenia (not including A3) .....	36	13	49	121	80	201
4. Paraphrenia and Paranoid States .....	5	3	8	25	41	66
5. Paranoia .....	....	1	1	2	1	3
6. Recurrent Melancholia .....	4	5	9	2	7	9
E. <i>Psycho-Neurosis</i> —						
1. Psychopathic Personality .....	2	2	4	2	1	3
2. Anxiety States .....	2	4	6	1	....	1
3. Hysteria .....	....	2	2	1	....	1
Totals .....	124	100	224	378	388	766



TABLE O5.

LACHLAN PARK HOSPITAL.

Table Showing Admissions and Re-Admissions, Discharges, Deaths, and the Number of Patients Remaining in Hospital on 30th June, for each of the last 10 years.

Year.	* Discharges.										Deaths. Including Deaths on Trial Leave.*			Remaining in Hospital on 30th June.										
	* Admissions and Re-admissions.			Improved.			Unimproved.			Total														
	Recovered.			Improved.			Unimproved.			Total			Discharged from Trial Leave.			Deaths. Including Deaths on Trial Leave.*			Remaining in Hospital on 30th June.					
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
1946-47 .....	63	76	139	3	4	7	8	7	15	3	8	11	14	19	33	...	...	...	25	21	46	312	351	663
1947-48† .....	62	74	136	6	...	6	6	3	9	3	2	5	15	5	20	44	27	44	29	30	59	300	348	648
1948-49† .....	77	87	164	4	2	6	3	2	5	4	4	8	11	8	19	53	31	53	30	36	66	306	356	662
1949-50 .....	75	88	163	17	19	36	9	9	18	3	1	4	29	29	58	...	...	...	17	36	53	321	365	686
1950-51 .....	77	113	190	19	21	40	27	14	41	6	6	12	52	41	93	...	...	...	29	43	72	315	367	682
1951-52† .....	94	101	195	3	1	4	8	4	13	4	4	8	15	10	25	48	31	48	25	18	43	317	393	710
1952-53† .....	91	107	198	3	1	4	12	6	18	3	2	5	18	9	27	54	21	54	34	39	73	343	407	750
1953-54† .....	129	162	231	3	1	4	37	11	48	4	2	6	44	16	60	92	54	92	27	48	75	363	408	771
1954-55† .....	124	101	225	12	5	17	15	10	25	11	4	15	38	19	57	66	35	66	32	41	73	353	407	760
1955-56† .....	124	100	224	29	19	48	23	9	32	7	1	8	59	29	88	69	45	69	16	41	57	378	588	766

\* Figures prior to 1947-48 include patients admitted from and discharged to Trial Leave.

† Discharges from Hospital and from Trial Leave recorded separately.

TABLE O6.

LACHLAN PARK HOSPITAL.

Showing the Number of Admissions, Discharges and Deaths for the Year 1955-56; the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident.  
(Patients discharged from Trial Leave are classed as recovered.)

Admissions				Discharges												Deaths (Not including Deaths Whilst on Trial Leave).			Recoveries Per cent of New Admissions.			Total Discharges per cent of New Admissions.			Average Daily Number Resident			percentage of Deaths to Average Daily Number Resident.							
First Admissions.		Treated Before.		Total New Admissions.		Recovered.			Improved.			Not Improved.			Total.			Males.			Females.			Total.			Males.			Females.			Total.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
95	72	167	29	28	57	124	100	224	53	23	9	32	7	1	8	83	74	157	15	41	56	42.74	61.0	52.23	66.93	74.0	70.09	362.42	394.32	756.74	4.13	10.39	7.40		



TABLE O7.

LACHLAN PARK HOSPITAL.

Table Showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the Provisions of the Mental Hospitals Act, and of those that Died, during the Year 1955-56.

Ages.	New Admissions.			Discharged from the Provisions of the Mental Hospitals Act.												Deaths.		
				Re-covered.			Im-proved			Unim-proved.			Total					
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
Under 5 years .....	1	9	10	...	...	...	1	1	...	...	...	1	1	...	1	1	1	
5 yrs. and under 10...	3	2	5	1	...	1	...	...	1	...	1	2	...	2	...	1	1	
10 " " 15...	3	1	4	...	...	...	...	...	1	...	1	1	...	1	...	...	...	
15 " " 20...	8	6	14	2	...	2	3	2	5	1	...	1	6	2	8	...	...	
20 " " 25...	5	2	7	4	5	9	1	...	1	...	...	5	5	10	...	...	...	
25 " " 30...	10	3	13	5	6	11	4	...	4	1	...	1	10	6	16	...	...	
30 " " 35 .	13	7	20	4	2	6	1	1	2	...	...	5	3	8	...	1	1	
35 " " 40...	10	5	15	10	8	18	2	1	3	1	...	1	13	9	22	...	...	
40 " " 45..	12	12	24	3	14	17	1	...	1	1	1	2	5	15	20	...	1	
45 " " 50...	13	9	22	5	5	10	3	...	3	...	...	8	5	13	1	...	1	
50 " " 55...	8	4	12	5	5	10	4	1	5	...	...	9	6	15	1	3	4	
55 " " 60...	13	7	20	1	8	9	4	...	4	1	...	6	8	14	...	1	1	
60 " " 65...	4	8	12	1	5	6	...	1	1	...	...	1	6	7	2	3	5	
65 " " 70...	3	9	12	3	...	3	...	2	2	...	...	3	2	5	2	7	9	
70 " " 75...	5	6	11	1	5	6	...	...	...	...	...	1	5	6	5	7	12	
75 " " 80...	3	4	7	...	...	...	...	...	...	...	...	...	...	...	1	8	9	
80 " " 85 .	2	3	5	...	1	1	...	...	...	...	...	...	1	1	...	4	4	
85 " " 90 .	2	1	3	...	...	...	...	...	...	...	...	...	...	...	2	2	4	
90 " " 95...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	2	3	
95 " " 100...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Totals .....	118	100	218	45	64	109	23	9	32	7	1	8	75	74	149	15	41	56

TABLE O8.

LACHLAN PARK HOSPITAL.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the Year 1955-56.

Cause of Death.	Males	Females	Total	Children under Age of 16			Grand Total
				Males	Females	Total	
Asphyxia .....	...	1	1	...	1	1	2
Cancer of the Stomach.....	1	...	1	...	...	...	1
Cardiac Syncope .....	...	1	1	...	...	...	1
Cerebral Atrophy.....	...	1	1	...	...	...	1
Cerebral Hæmorrhage.....	...	1	1	...	...	...	1
Cerebral Thrombosis .....	...	3	3	...	...	...	3
Chronic Cardio-renal Failure.....	...	1	1	...	...	...	1
Coronary Occlusion.....	1	...	1	...	...	...	1
Diabetes .....	3	...	3	...	...	...	3
Generalised Arteriosclerosis .....	1	4	5	...	...	...	5
Heart Failure .....	...	2	2	...	...	...	2
Hypo-static Congestion of the Lungs .....	1	2	3	...	...	...	3
Myocardial Degeneration .....	2	5	7	...	...	...	7
Pneumonia .....	3	13	16	...	1	1	17
Senility .....	3	5	8	...	...	...	8
Died whilst on Trial Leave (cause of death unknown)...	1	...	1	...	...	...	1
Total Deaths.....	16	39	55	...	2	2	57



TABLE O9.  
LACHLAN PARK HOSPITAL.  
*Statistical Record.*

	Males	Females	Total
Population of Tasmania as at 30-3-56 .....	164,072	156,676	320,748
Proportion of Certified Insane per 1000 of population (including patients on trial leave) .....	2·480	2·757	2·616
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave).....	4·38	3·83	4·115
Note: Admissions not including Voluntary Boarders .....	133	121	254

TABLE O10.  
LACHLAN PARK HOSPITAL.  
*Financial Statement.*

	YEAR ENDED—				
	30.6.52.	30.6.53.	30.6.54.	30.6.55	30.6.56.
Average daily number of patients .....	712·35	737·58	770·03	767·39	756·74
Gross cost for year ... ..	£257,503	£281,902	£296,015	£313,992	£332,154
Fees received .....	£12,393	£13,406	£13,428	£18,397	£9,214
Other revenue .....	£459	£520	£835	£620	£620
Gross cost per head per day .....	19/10·87d.	20/11·31d.	21/0·75d.	22/5·04d.	23/11·82d
Net cost per head per day .....	18/10·97d.	19/10·89d.	20/0·57d.	21/0·72d.	23/3·30d.

APPENDIX XIII.

REPORT OF MILLBROOK PSYCHOPATHIC HOME  
FOR THE YEAR ENDED 30th JUNE, 1956.

There has been an increase in the average daily number of patients treated as compared with 1955, with a corresponding increase in the cost of running the home. See Table O12. At present there is an improved standard of staff, fully-trained, and this greatly helps in the intensive treatment required for the particular type of patient treated in the home.

During the past year the new nurses' home has been completed and is now occupied. There is accommodation for twelve nurses. This fills a long-felt want as the former accommodation was completely inadequate.

Throughout the past year the home has run smoothly and efficiently under the guidance of the deputy medical superintendent and her matron.

In conclusion I would like to thank the chairman and members of the Millbrook Home Board for their unfailing interest and help in the problems which arise from time to time. Their co-operation is much appreciated.

D. M. ANDERSON,  
Medical Superintendent.

TABLE O11.  
MILLBROOK PSYCHOPATHIC HOME.  
*Statement Showing Form of Mental Disorder on Admission for Year Ended 30th June, 1956.*

Diagnosis—	Males.	Females.	Total.
Anxiety State .....	14	22	36
Melancholia and Depressive States .....	22	28	50
Hysteria .....	6	16	22
Schizophrenia and Schizoid States.....	21	35	56
Paraphrenia and Paranoid States .....	4	8	12
Manic Depressive Psychosis .....	1	3	4
Alcoholism .....	1	2	3
Obsessional States .....	...	...	...
Toxic Psychosis .....	...	1	1
Senile and Presenile Dementias.....	1	6	7
Gross Brain Lesion .....	...	1	1
Psychopath .....	5	...	5
Not Diagnosed .....	...	...	...
Total Admissions during year ...	75	122	197



TABLE O12.  
MILLBROOK PSYCHOPATHIC HOME.  
*Financial Statement.*

	YEAR ENDED—				
	30.6.52	30.6.53	30.6.54	30.6.55	30.6.56
Average daily number of patients .....	25.3	26.98	21.79	18.75	21.81
Gross cost for year .....	£18,122	£21,335	£23,134	£25,631	£26,298
Fees received .....	£5,254	£7,272	£10,988	£8,310	£9,874
Other revenue .....	£248	.....	.....	.....	.....
Gross cost per head per day .....	42s. 7.56d.	43s. 4.10d.	58s. 2.03d.	74s. 10.8d.	65s. 10.82d.
Nett cost per head per day .....	29s. 8.25d.	28s. 6.83d.	30s. 6.49d.	50s. 7.44d.	41s 1.89d.

Section V.—Vital Statistics Supplied by Deputy Commonwealth Statistician

<i>Statistical and General.</i>	
Population: Estimated on 31st December, 1955—	
Males .....	165,994
Females .....	159,807
Mean population—year ended 31st December, 1955—	
Males .....	161,538
Females .....	154,615
Total .....	316,153

<i>Causes of Death, 1955.</i>	
Tuberculosis .....	31
Syphilis .....	9
Diphtheria .....	.....
Whooping Cough .....	.....
Poliomyelitis .....	1
Measles .....	.....
Malignant neoplasms .....	368
Other tumours .....	8
Diabetes .....	29
Tetanus .....	2
Other general diseases .....	69
Total .....	517

<i>Local Diseases.</i>	
Diseases of the nervous system and sense organs .....	374
Diseases of the circulatory system .....	845
Diseases of the respiratory system .....	198
Diseases of the digestive system .....	80
Diseases of the genito-urinary system .....	94
Diseases of puerperal origin .....	4
Diseases of the skin and cellular tissues .....	4
Diseases of bones and organs of movement .....	9
Total .....	1,608
Congenital malformations .....	41
Diseases of early infancy .....	115
Senility .....	25
Ill-defined conditions .....	5
Accidents .....	153
Homicide .....	2
Suicide .....	23
Total .....	364
GRAND TOTAL .....	2,489

<i>Australian Birth-rates per 1000 of Mean Population.</i>			
	1953	1954	1955
Tasmania .....	19.93	24.97	25.59
New South Wales .....	16.99	21.33	21.31
Victoria .....	15.60	22.28	22.30
Queensland .....	18.14	23.74	24.16
South Australia .....	15.32	22.89	22.55
Western Australia .....	17.95	24.88	25.23
Northern Territory .....	15.23	31.64	30.22
Australian Capital Territory .....	14.43	28.21	26.56
Australia .....	16.78	22.50	22.57



